

**OLMSTEAD CONSUMER TASKFORCE MEETING**

**September 8, 2017 10am-3pm**

Pleasant Hill Public Library

5151 Maple Drive

Pleasant Hill, IA 50327

**Minutes**

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**Taskforce Members Present:**

Jenna Batten  
Roxanne Cogil  
Kevin Dalin  
Randy Davis  
Dawn Francis  
Annie Gallagher  
Kris Graves  
Frank Greise

June Klein-Bacon (phone)  
Gary McDermott  
Kathleen O’Leary  
Harry Olmstead  
Mary Roberts (phone)  
Len Sandler  
Bruce Teague

**Taskforce Members Absent:** Tracy Keninger; Paul Kiburz; Ashlea Lantz; Kay Marcel; Ingrid Wensel

**State Agency Representatives Present:**

Theresa Armstrong *Department of Human Services*  
Kim Barber *Department for the Blind*  
Page Eastin *Department of Human Rights*  
Kristin Haar *Department of Transportation* (phone)

Deb Johnson *Iowa Medicaid Enterprise* (phone)  
Linda Kellen *Department of Inspections and Appeals*  
Terri Rosonke *Iowa Finance Authority* (phone)  
Ljerka Vasiljevic *Department of Public Safety* (phone)

**Guests:**

Rebecca Bax *Iowa Developmental Disabilities Council*  
Dan Bowsler *Tech4Impact*  
Julie Christensen *Center for Disabilities & Development*  
Di Findley *Iowa Caregivers Association*  
Pam Heagle *Managed Care Ombudsman Program*

John McCalley *Amerigroup*  
Lisa Schneider *Department of Human Rights*  
John Stoebe *University of Iowa Hospitals and Clinics*  
Derrick Willis *Center for Disabilities & Development*

**Staff:** Caitlin Owens

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**Welcome and Introductions**

Dawn 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; Randy Davis seconded. Motion passed.

**Review, Corrections and Approval of the Minutes of the July Meeting**

Kris Graves motioned to approve the minutes from the July meeting; Bruce Teague seconded. Motion passed.

**Executive Committee Report – Dawn Francis**

Dawn reported that the executive committee drafted and approved letter the editor and to the Governor regarding the press release the Governor’s Office released highlighting Iowa’s managed care program as the highest rated in the country. The study was conducted by JD Power and Associates and had a very small sample size and very little detail about the study or findings are available unless paid for by a state agency or company.

The executive committee also drafted and submitted comments to the Administration on Community Living about the *Partnerships for Innovation, Inclusion and Independence* (or P3I) program proposed in the President’s Fiscal Year 2018

Budget. This program would consolidate and reduce funding for the Statewide Independent Living grant program, Traumatic Brain Injury State Partnership Program, and Governors' Developmental Disabilities Councils.

Dawn also reported that IME invited a representative from the Taskforce to join a workgroup they are convening to discuss electronic visit verification. Roxanne Cogil is going to represent the Taskforce.

Questions/Discussion: None

### **Website Update – Kevin Dalin**

Kevin Dalin shared that the current website was moved to a less expensive hosting option to allow for the purchase of an updated theme without increasing the overall annual expenses for the website. He said he recently met with Caitlin Owens to discuss the current website and content and would like to discuss what things would be important to include in the website before we move too much further down the road. He said he is looking for anyone interested from the Taskforce who wants to provide input into the framework and content of the new site to let him or Caitlin know. Gary McDermott, Bruce Teague, Kathleen O'Leary, Dawn Francis, and June Klein-Bacon all expressed interest. Kevin said he would work with Caitlin to coordinate a time to meet in the next few weeks.

Questions/Discussion: None

### **Medicaid Committee Report – Roxanne Cogil**

Amerigroup Meeting Recap: Roxanne Cogil shared that several members of the Executive Committee met with Amerigroup on June 29<sup>th</sup>. In attendance from the Taskforce were Roxanne Cogil, Dawn Francis, June Klein-Bacon, and Harry Olmstead, and staff support Caitlin Owens. In attendance from Amerigroup were John McCalley, program director; Kelly Epseland, director of long term services and supports; Kelley Pennington, behavioral health and health homes director; and Sandy Pranger, pharmacy account manager. She shared that the meeting outline was a brief overview of the Taskforce, discussion of the importance of Medicaid to community integration, and some questions sent ahead of time by the Taskforce as well as a few concerns Dawn collected. This meeting was discussed at the July Taskforce meeting, and was briefly discussed again on a recent Medicaid Committee call.

Roxanne shared that they discussed the Consumer Choices Option (CCO) guidelines, and support and training for independent support brokers (ISBs). Previously case managers were taking on a lot of the ISB functions, and there was some lingering confusion regarding those roles and functions. The MCOs and IME collaborated on a new training all the ISBs have to go through to reduce some of that role confusion and add clarity. They also discussed the exceptions to policy issue; Amerigroup shared they are required to follow state and federal rules and laws, and waiver caps are in Iowa Code so they cannot go above that. Amerigroup noted there are initiatives in place to support movement out of nursing facility level of care into the community. They have community based case managers in facilities talking to people, case managing short term stays so they can return to the community quickly and working with individuals who have been in longer as well. They have a value added service that provides \$2500 to people transitioning back to the community. They also shared that there are no individuals enrolled with Amerigroup languishing in hospitals that aren't aware of, and they meet weekly with DHS to talk about high need cases. They also shared that they are interested in finding providers who want to expand/develop their programs to meet the needs of these individuals.

AmeriHealth Meeting Recap: Roxanne shared that several members of the executive committee met with AmeriHealth leadership on August 10<sup>th</sup>. Dawn and Roxanne attended that meeting in-person, and Caitlin called in. From AmeriHealth were Laura Butzke (AmeriHealth Case Management Supervisor for LTSS), Marissa Eyanson (Supervisor of LTSS), and Chad Piper (Director of LTSS). The meeting agenda covered the same points as the meeting with Amerigroup. This meeting was discussed in further detail as it had not been previously discussed.

AmeriHealth shared an overview of their long term services and supports processes. They said while they currently have both internal and external case management, the plan is to eventually transition it all in house. AmeriHealth's LTSS Department oversees authorization, transition, general support, case management, access, and oversight for habilitation, Integrated Health Homes, waivers, institutions, and more including things like habilitation (both waiver and non-waiver), IHHs, and other things that might typically fall under behavioral health allows them to be more centralized

and coordinated because of the overlap, for example, between the children's mental health waiver or habilitation services and IHHs.

Roxanne shared that they discussed the direct provider workforce, and AmeriHealth said they know the huge impact this group has on the ability for people to be served in the community. They said that often the greatest obstacle of moving someone into the community is providers' willingness and ability to provide adequate staffing, and they have had discussions with Di Findley and others about this issue. Currently AmeriHealth is piloting a platform called Senior Link (though it is for use across the lifespan) that connects caregivers to learning modules that they self-select, or through case management or deficiency of programs they can recommend trainings. Roxanne said the Taskforce would be interested in hearing more about this pilot program and the outcomes it produces.

Regarding transitions from institutions, AmeriHealth said they have case managers who work with people in institutions, most or all of whom came from waiver case management or similar positions so they know what is possible in terms of community options, and they also have case managers who work with people in the community. They said there is a team approach, with the case manager being the lead, and rather than assigning case managers to specific facilities, they are assigned to individual members.

The issue of exceptions to policy was also discussed, and AmeriHealth said there are concerns about how the MCO contracts were written, and currently they do not have the authority to make exceptions to policy. They said if something is in code the MCOs are not allowed to make exceptions, and even though a lot of people want them to make exceptions, this issue has to be reconciled by DHS.

Questions/Discussion: John McCalley wanted to underscore that Amerigroup meets weekly with DHS about high need cases. He said IME maintains a list of high need individuals whose cases are reviewed weekly with each MCO.

Mary Roberts shared that one of the main ISB providers in her area is retiring and families are having a hard time finding a replacement. She asked if finding ISBs was a problem in other parts of the state and whether there is anything being done to increase the capacity and workforce. John McCalley shared that Amerigroup uses a tool called MySupport to recruit additional support brokers, and AmeriHealth has a similar tool. He said all of the MCOs recognize it is difficult to find workers, especially for CCO. He said after the ISB training they have seen some natural attrition in addition to retirements, but have also been seeing new ISBs in the last few months. He said recruitment is paying off, but it is necessary for individuals and families to reach out to their network to people who might be interested in being ISBs. He said the state maintains a website with ISBs. ([Link to ISB Directory](#))

### **Taskforce Advocacy Discussion**

Dawn noted that a lot is happening in terms of budget cuts and other issues that are continuing to impact access to services and threaten people's ability to live in the community. She said the executive committee discussed having a focused conversation about advocacy needs and specific actions the Taskforce can take or support. The Taskforce brainstormed and discussed the following issues:

- **Consumer Choices Option (CCO) service cuts:** Mary Roberts shared that she has notices many families with whom she works use CCO and natural supports, and two MCOs in particular have cut their services with no real explanation or information on how to appeal. She said these are people who are severely affected by their disability going from a daily rate which is an average of 8 hours, down to 2-4 hours. She said if they didn't have the natural supports in place they would not be able to remain in the community. She requested that the Taskforce consider looking into this issue and advocating for these families. She said she is aware that DRI is working on this issue but a lot of families feel overwhelmed going through the legal route, and many also need help immediately and can't wait for the legal system to address this issue. Dawn noted she is aware of individuals who are experiencing similar issues, particularly those who need staff to visit twice a day. Randy Davis noted that he sees this as an *Olmstead* issue and suggested the Taskforce serve as a group people can turn to if they need assistance. Dawn said the Taskforce doesn't have the capacity to address individual cases, but could look at the issue from a systems change perspective.

- **IHH system issue:** Annie Gallagher shared that there have been several issues with the IHH in her community cutting services that people depend on to remain in the community, or individuals are unable to get the level of support they need to remain in the community in the first place. She said it is unclear whether the issue is with the IHH or MCOs, but it is possible that the IHH is giving inaccurate information to the MCOs which is resulting in service cuts.
- **Section Q:** Frank Greise said he would like to see advocacy in terms of the Section Q process and follow up for people who want to return to the community. He said he thinks there is a lot of conflict of interest in the current process and the assessments should be more independent, and people should have more opportunities to receive information about what is possible in the community so they can make more informed decisions. Dawn agreed that this is an issue, but said it is in Iowa Code that nursing homes have to do those reviews. She asked John McCalley what the process is at Amerigroup. John McCalley said they are required to review Section Q on every member they have in nursing homes and case managers have to ask whether an individual wants to return to the community. If it is affirmative they draft a transition plan with the interdisciplinary team. He said they have been doing that since they took over the management of Medicaid and have to report that to the state. He said they have identified individuals who have expressed a desire to move into the community and Amerigroup has a number of initiatives in place to help people with that transition. Frank asked if Amerigroup case managers do the evaluation or the follow-up on the nursing home report. John said he is unsure of what the other two MCOs do, but Amerigroup has a licensed nursing home administrator on their leadership team who trains case managers on Section Q evaluations and executing a transition to the community. Frank asked if he knew how many transitions were executed last year; John suggested contacting IME for that information.
- **Housing:** Kris Graves said an issue in Iowa City is a shortage of affordable and accessible housing. Roxanne said she has noticed the same thing in Des Moines, particularly long waitlists at properties that are both affordable and accessible which puts people at risk of homelessness. Dawn asked Terri Rosonke from the Iowa Finance Authority if she had any thoughts on how the Taskforce could address this issue or further support IFA's efforts. Terri said IFA is always willing to take a look at whatever needs the Taskforce identifies and brings to them. She said they are aware of the lack of affordable rental housing across the state in general, and resources have continued to dwindle for the development of new units. She said they are in the middle of a statewide data research and analysis project that they hope will allow them to better understand and address issues like these. Terri said IFA's primary development tool to create new, affordable rentals is the low income housing tax credit (LIHTC) program, but they are hearing those units still might not be affordable to individuals with disabilities. She said accessibility, cost, and location are all factors. Roxanne noted that consumers in Iowa City report that there is a lack of Section 8 housing in areas of the city with easy access to public transportation and there are waitlists for affordable properties.
- **Transportation:** Harry said transportation is an issue particularly in rural areas and for people with disabilities. He said the para-transit fleet in Johnson County and many other areas is quite old but there aren't funds to purchase new vehicles. He said the hours of operation also make it challenging for people who need to get to work or other places outside of daytime hours or on the weekend. Roxanne said this is also an issue in Guthrie County where the busses only run from 8am-5pm and there is no weekend service. She said this would be an area to coordinate with the state mobility coordinator. She said she is part of the transportation coordination council. Frank agreed that transportation is a huge issue across the state and noted that it impacts people's lives in so many ways.
- **MCO case management conflict of interest:** Randy Davis shared that prior to managed care DHS assured consumers that the Department would still be in charge of eligibility determinations, yet the MCOs are the ones coming to his house to do the assessments. Roxanne said two of the MCOs contract with Telligen to do the assessments and the third sends people from their organization. Dawn suggested asking Deb Johnson to explain this process in more detail because it seems like it cannot be conflict free if one MCO is conducting the assessment themselves. Bruce added that he feels there is an ongoing conflict of interest with the MCOs doing case management, which is the case to an extent even when other providers are both providing case management and paying for services. He said he is a provider and tries hard to do the right thing with the power they are given.
- **Monitor contract renewals:** Harry noted another issue worth monitoring is when the MCOs will renew their contracts. He asked if anyone knew how long the contracts are for. John McCalley said they are for three years and can be extended twice at the discretion of IME.
- **Employment:** Roxanne said she thinks employment continues to be a big issue, particularly regarding the work the Iowa Coalition of Integrated Employment does and the impact of the HCBS settings rule. Harry added that vocational rehabilitation in Iowa City has long waitlists. Frank said he had a conversation with Doug Mitchell who is the head of the Iowa Department of Vocational Rehabilitation who said there was a possibility of VR contracting with Centers for

Independent Living to provide employment services to people with disabilities, which is already being done in Iowa City and Des Moines. Frank said it makes sense that it started in urban areas, but that rural areas would benefit from expanded access, and it would help VR address their waitlists and expand capacity.

- **MCO denial of out of state providers:** Roxanne said in addition to the issues already discussed she hears a lot of parents talking about access to specialty providers out of state being an issue.
- **IDPH program funding:** Mary said another issue that has impacted a lot of children are the significant cuts to several smaller statewide disability groups like the Regional Autism Program (RAP), Epilepsy Foundation, and the Brain Injury Alliance. Roxanne expanded and said there were several organizations, including hers, that were appropriated funds in the health and human services appropriations bill, but because IDPH was directed to eliminate \$1.3 million from their budget, they along with nine other programs were eliminated by the Department. She said all of those organizations have talked with IDPH Director Clabaugh, Representative Dave Heaton, and others. She said she thinks the area for advocacy on this issue would be in speaking to the HHS appropriations committee to ensure they know how important the services these programs provide are, and the impacts of the cuts.

Questions/Discussion: June noted that it would be possible to list a new issue every day, and everything mentioned is very important which makes them difficult to rank. She said she thinks the discussion needs to focus on where the Taskforce as a whole, and each of its members, will be able to have the most impact. She said consistent messaging, specific focus, and working with other advocacy groups is also important. She said it has been her observation that the Taskforce often has strong messages and consistent areas of focus, but are missing an opportunity to leverage collective impact. She said it is also necessary to connect with partners on these, or any, areas of concern and ask the right questions to the right decision makers in order to make sure change actually happens. She said if an issue comes down to an administrative rule, legislation, or Iowa Code, the focus should be on talking to the people or Departments who have the ability to change them and elevating the message so other groups and individuals can advocate with a consistent message. She said the website may be a way to elevate the work of the Taskforce. Kevin said he thinks the website would be a good way to share information, but the key is that Taskforce members will need to write content. He said a process will need to be established to decide what is posted, by whom, and how it is approved. He said people who are interested in writing should let him know. Page Eastin added that the Department of Human Rights has a blog called "Let's Talk Human Rights" that has recently received some exposure and they accept guest bloggers. She content could be something submitted by the Taskforce or individuals talking about their experiences with disability, and anyone interested should contact her.

Roxanne noted a lot of the issues discussed fit into the current priorities of the Taskforce and could again be divided between the Medicaid and community access committees. Dawn suggested the executive committee meet to break down the issues and discuss what is feasible to address given the capacity of the Taskforce and expertise of its members.

Frank added that while advocacy issues may be consistent over time, the focus of the Taskforce and other groups is somewhat steered by the political climate, what is happening in the legislature, and the priorities of the Governor. He said even if the Taskforce feels strongly that an issue should be a priority, it's necessary to be cognizant of what is happening politically so the Taskforce is bringing up the right issues at the right time.

### **Iowa's Developmental Disabilities Council Introduction and Overview – Rebecca Bax**

Rebecca Bax shared that she is the executive director of the Iowa Developmental Disabilities Council, taking over for Becky Harker who retired this summer. She said she moved to Iowa from Missouri where she began her career in disability with the Missouri Protection and Advocacy organization, where she started out as a program coordinator and then moved into more of a policy role. She the DD Council does a lot of work supporting people with disabilities around the state to be more effective advocates around policy and rule making by providing opportunities to learn about how to be a good advocate and by sharing information. She said that Becky Harker, Rik Shannon, and other staff have been doing great work for a long time.

She shared that she has a passion for education, noting it was one of the first places of disability integration, and she thinks it does a disservice to peers without disabilities who don't get the opportunity to work with people who are different from them because it doesn't help them become better employers, transportation providers, or builders for

people who need homes. She said education is an area she thinks can be expanded upon and believes it is important to have high expectations for people with disabilities.

She said the DD Council has partnered with ICIE to assess the barriers to employment people with disabilities are experiencing around the state. They are targeting four communities around the state, both urban and rural, and she said she would be happy to report their findings back to the Taskforce. The DD Council also recently partnered with the Managed Care Ombudsman Program and Disability Rights Iowa on a guide for individuals and families on how to navigate managed care in Iowa and be an effective advocate. She said registration for the *Make Your Mark* conference is currently open which is a good time to connect with advocates from around the state.

Questions/Discussion: Randy Davis thanked Rebecca for sharing and said he is looking forward to learning more about the work of the DD Council and opportunities for partnership. He welcomed Rebecca to connect with the Taskforce regularly in the future.

Frank Greise asked what role the DD Council has on implementing the Workforce Opportunity and Innovation Act (W.I.O.A.), particularly with regard to sub-minimum wage. Rebecca said they have been working with ICIE to encourage providers to move away from segregated workshops, and are working on a project to evaluate four communities to find out what the barriers are to people being competitively employed. One of the four regions they are exploring reported that their top barrier is transportation, which she said goes back to her earlier point about the importance of high levels of expectations in the community about the value of people with disabilities being part of the workforce.

#### **Iowa's University Center for Excellence in Disabilities Introduction and Overview – Julie Christensen and Derrick Willis**

Julie Christensen shared that she came to a meeting a year ago when she was new to CDD, and is now the new director of CDD after the retirement of Bob Bacon. She shared that Derrick Willis was also recently hired as the associate director. She said CDD, which serves as Iowa's University Center for Excellence on Disabilities (UCED), is a part of a national network of 67 programs and she got to know Bob while working at another center in New York, and the work Iowa was doing was known among the network for being at the forefront of promoting inclusion. She said she also had a connection to Iowa through the Partnerships in Employment grant, which included several states among which were New York, Iowa, and Missouri, and both Derrick Willis and Becky Harker were part of that project. She said employment issues are a big area of focus for her and she thinks they push a lot of other issues like transportation and enable people with disabilities to be part of the community in a self-directed way.

Julie shared that her career started in corporate advertising, but eventually pursued her master's degree in social work and practiced school social work. She said the combination of her experiences led her to the UCED which really combines her professional skills and interests, as well as her desire to identify and solve problems through advocacy and policy work that is data and evidence informed.

Derrick Willis introduced himself and shared that he has been in his position for about a month and is still working on learning about the system in Iowa. He said he has 32 years of experience in the field of disabilities including community non-profit work, youth development, multi-cultural issues and care for Missouri Health Services, and finally the Institute for Human Development which serves as Missouri's UCED. At the Missouri UCED Derrick worked as a researcher and most of his work focused on youth and transition, particularly the challenges experienced by urban youth, addressing issues with early work experience, leadership, education, and self-determination. He said he saw the move to Iowa as a great opportunity to build upon the legacy of the great work that has been done in Iowa, and help the UCED expand their capacity in the areas of development, research, and the use of evidence based practices.

Julie shared that the UCED team has undergone a lot of transitions recently. In addition to Bob's retirement, four other members of the senior leadership team have retired in the last 14-months. She said the transition also presents an opportunity to really look at the needs of the disability community in Iowa and who the UCED needs to recruit to help address the gaps they identify.

Julie shared that the UCED is on a five-year funding cycle and their next five year renewal plan is due in March 2018, and that process requires conducting an extensive needs assessment. She said they have been working on it since January

and have done a lot of work looking at what their internal areas of expertise are, reviewing notes and publications of the Taskforce and other groups, and are conducting in-person “community conversations” in seven communities across the state during the month of October to hear more from people with disabilities and families to make sure the UCED heads in the right direction in terms of areas of focus that align with the expressed needs of Iowans with disabilities.

Derrick said in addition to the community conversations they will also provide opportunities for individuals not in those communities or who could not attend to share their feedback through a survey. Both the conversations and the survey are focused on five main areas: transportation, housing, health and wellness, employment, and education. He said they want to know where people are currently, what they think life should be like, and how the UCED can impact that. He said an informational flyer will be shared very soon, and while they have all of the locations identified they need partners to help spread the word to people with disabilities and their families.

Questions/Comments: Dawn asked if they would be willing to come back and share what they learn through the community conversations and survey. Derrick said yes, a key part of the process is to share the findings with groups like the Taskforce so they can better understand what the UCED does and possible areas for partnership.

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

Mental Health and Disability Services Update (Theresa Armstrong): Theresa Armstrong shared that the Department continues to make progress on the legislatively mandated workgroup focused on addressing the service needs of individuals with the most complex service needs. This includes individuals with mental health and/or intellectual disabilities who often go to jail instead of getting the services they need in the community, or are sitting for long periods in emergency rooms or psychiatric facilities when they don’t require that level of care. She said each region 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. The regional groups have all had multiple meetings and regional CEOs are working together to ensure their plans are presented in a similar way, though the details will differ. She said those plans will be shared with the complex needs workgroup who will use strategies outlined in those documents to draft the recommendations they are going to make to the legislature by December 15<sup>th</sup>. She said the first statewide workgroup met at the end of August and the next meeting is scheduled for October 10<sup>th</sup>, and there will be a total of five meetings through the first part of December.

Theresa shared the Children’s Mental Health and Wellbeing Workgroup that met last year will be reconvening in response to recommendations they made to the legislature last year to create a more ongoing advisory committee, rather than a time-limited workgroup. The first meeting of the re-established group will be on September 26<sup>th</sup>. She said there is not a report to the legislature due, but they intend to use this group in an advisory capacity and convene as needed to work on specific issues. She said the first charge is to look at the results of the crisis planning grants.

Theresa said they also have an RFP out for children’s mental health collaboratives which she cannot share too much detail about because DHS is in the procurement process. She said the aim is to have up to three entities regionally distributed in the state who take the lead on convening others to the table who have an interest and responsibility for children, not only concerning mental health but also other service needs. She said it is a prevention model with a focus on mental health, and will include a public information campaign.

Questions/Comments: Harry Olmstead asked Theresa if she had any information on the private mental health facility being built in Davenport. Theresa said an out-of-state company applied for a certificate of need and received approval in July to build. She said it will be an inpatient psychiatric and substance use disorder treatment facility, and the company had been in the state for a few years to assess the need and landed on the Quad Cities so they could address the needs of both Iowa and Illinois. Roxanne asked who will be chairing the Children’s Mental Health and Wellbeing Workgroup. Theresa said they haven’t named a chair yet, previously Director Foxhoven and former Director Palmer were co-chairs, and currently Rick Shults is leading it until a chair is named.

Iowa Medicaid Enterprise Update (Deb Johnson): Deb Johnson shared that DHS is in the process of putting crisis rules forward that add clarity to existing services in order to ensure services are more standardized and align with the work of

the regions. She said they are also working on adding subacute treatment to their menu of services for individuals who are in an acute setting for behavioral health and ready to leave but need additional support in order to make a successful transition back to the community.

Ahead of the meeting the Taskforce asked when people are having services denied that are putting their safety at risk or what is the specific protocol they should be following. Deb said if people are being denied services they should go through the MCO grievance process, and if they think their health or safety is at risk they should contact their case manager. If an individual doesn't like the way their plan is going they should grieve, appeal, and then go to a state fair hearing.

The Taskforce also asked Deb whether the Department has a position on the letter that came out in May relaxing the deadline of compliance with the HCBS settings rules from 2019 to 2022. Deb shared that DHS has told their providers that the state is continuing to work toward compliance by March 2019. She said Iowa started in a good place and plans continue to keep moving. She said these rules are pushing for people with disabilities to have lives just like those who don't, and the Department thinks that is a good thing. She said they won't necessarily cut off services if agencies aren't in full compliance in March 2019, but may require corrective action be taken, and absolutely require compliance by March 2022. We absolutely want to be there sooner. She said providers didn't seem to object to the state's desire to be compliant with the rules well before 2022.

The Taskforce asked Deb to share any recent examples of issues that IME and the MCOs have worked together to resolve or identify solutions to. Deb said they work with the MCOs every day to identify solutions to issues. They have quality assurance committees, claims/benefits committees, information technology committees, both provider and member liaisons who work specifically on issues affecting those two constituencies, and an urgent member staff person who has weekly calls about people who are stuck in facilities or have high behavioral needs. She said their job is to work with the MCOs to ensure the system is working properly, sometimes addressing systemic issues and sometimes addressing one issue at a time.

Questions/Discussion: Dawn asked whether there were plans to address the needs of individuals who need subacute services more long term like Jackie Dieckmann's son. Deb said that level of care is supposed to be time limited and transitional, not for long term placement. She said they realize there are individuals whose needs aren't met by the existing service options. Theresa added that for the type of complex need Dawn is talking about she is not sure that subacute is the answer, but they do need additional services for individuals with the most intensive needs. She said while it may be possible for an individual to stay in a subacute setting for more than ten days per the Department of Inspections and Appeals' rules, funding will be an issue. She said currently there are no subacute beds in the state though Hillcrest is in the process of getting licensed, but remain the only agency perusing it in a serious way. Linda Kellen said licensing Hillcrest has been a slow process because they had some changes to their business plan, and they had anticipated more providers to apply for subacute beds but that has not been the case.

Bruce Teague said his agency has talked to DIA to learn more about subacute licensure but the biggest barrier to proceeding has been that no one knew what the rates would be. He said it was challenging to navigate two state agencies to meet the licensing requirements and get questions answered. Theresa said the rates are still being determined but they are actively discussing what the rate needs to be, and she knows that is an important factor for agencies, including Hillcrest. She said she was glad Bruce was looking at it and that they have other providers pushing them to know what the rate is going to be before proceeding.

### **State Agency Updates**

Iowa Finance Authority: Terri Rosonke shared that IFA's annual conference just concluded and they were able to offer several scholarships to Taskforce members which they hope to be able to continue to do. She said they are also continuing their supportive housing conversations. The first one was held in Dubuque in July, and two additional ones are scheduled for Carroll (September 15<sup>th</sup>) and Des Moines (November 14<sup>th</sup>). The purpose of the meetings is to provide information about supportive housing and get feedback from the community about what they see as the biggest community need and identify next steps. She encouraged Taskforce members to join upcoming conversations if they are available and interested.

Terri said IFA would welcome feedback from the Taskforce on the HCBS rent subsidy administrative rules that are currently in process. She said the changes would expand the eligibility requirements to include individuals receiving habilitation services which would open the program up to a significant number of applicants.

Terri shared that IFA has contracted with Western Economic Services on a statewide data analysis which will result in a statewide housing profile similar to ones in Nebraska and several other states. She said there will be an online tool with multiple data sources. One aspect of the project is a rental property survey and the goal is to contact every rental property owner in the state. She said the hope is to have the information compiled and available to the public in January or February.

Department of Human Rights: Page Eastin shared that DHR plans to approach the Governor's Office to encourage them to issue an executive order that would require state agencies and publicly funded systems to realign their funding structures to promote employment first. She said she suggested the Taskforce serve as the oversight body because it would align with the priorities and work of the Taskforce. Kevin Dalin suggested the Taskforce draft a letter of support and Randy Davis thanked Page for thinking to include the Taskforce.

Department for the Blind: Kim Barber shared that the Department's independent living program is primarily funded by two grants. One from the Rehabilitation Services Administration to serve individuals who are blind who may or may not have a secondary disability, are over 55, and not interested in returning to work. The other is a grant they receive from the Administration for Community Living, which enables them to serve 40 individuals under the age of 55, most of who have additional disabilities in addition to being blind. She said they encourage individuals to consider employment in their adjusting to blindness counseling program. The funding they receive through ACL was among the programs proposed for elimination under the President's budget which was discussed earlier. If that funding is eliminated the Department will not have the funds to provide adjustment to blindness counseling or provider referrals to vocational rehabilitation.

Kim also shared that October 15<sup>th</sup> is white cane safety day, which is a day to celebrate the achievements of people who are blind or have vision loss. She said the white cane represents independence and community integration and they hope to see acknowledgement and proclamations at the local, state, and national levels.

Department of Inspections and Appeals: Linda Kellen shared that they have seen a reduction in residential care facilities, but not as much of a reduction as they predicted. She said they have had some assisted living facilities give up their certificates to become residential care facilities, but have not seen closures like they thought they would.

### **Taskforce Member Comment**

Gary McDermott shared that he is just returning from a three week vacation during which time he took a tour of the Hoover Dam. He said they had three different tours, including one inside the dam that was not accessible to wheelchair users. He asked whether there were any reasonable accommodations, assuming since he had just watched a video about how the dam was built there might be a video or slideshow of the tour components. He spoke with a staff member and two supervisors and had to explain that he was not referring to accessing the tour, but reasonable accommodation in lieu of the tour. One supervisor asked if a slideshow would be an appropriate accommodation and he said yes. He plans to follow up with a letter encouraging them to address the issue for future visitors.

Frank Greise shared that he is concerned about the Olmstead Plan and where it is in the process and whether the new DHS director is aware of the plan. Theresa said they did need to wait to get the input and guidance of the new director, but were able to meet with him, and Director Foxhoven has since reviewed the plan and wants to present it to the Council on Human Services in October. She said Connie Fanselow also presented it to the MHDS Commission a few months ago. Frank said he is glad to hear it is moving along.

### **Adjourn**

Harry Olmstead motioned to adjourn, Gary McDermott seconded. The meeting adjourned at 2:25pm.