

Draft Public Policy Committee Meeting Minutes

April 25, 2013 9:45 a.m. – 11:45 a.m.

Idaho Council on Developmental Disabilities

Joe R. Williams Building

700 W. State Street, Boise, Idaho 83702

Committee Members Present: Jean Christensen, Dave Dekker, Julie Fodor, Jenniffer Halladay, Joe Raiden, Paul Tierney

Members Absent: Jim Baugh

Guests: Acena Dekker, Art Evans, Chad Cardwell, Rob Luce

Staff: Christine Pisani, Shane Carlton, Suzie Hanks

Joe Raiden called the meeting to order at 9:52 a.m.

Welcome & Review Agenda

Introductions were made. Joe asked everyone to review the agenda.

Announcements

Art Evans will be joining us at 11:00 so that he can discuss the letter regarding Children's Benefit Redesign sent out by the Department on April 9, 2013.

Minutes

Review and Approve Minutes of Public Policy meeting from January 31, 2013

Julie Fodor moved to accept the minutes from the January 31, 2012 meeting; Paul Tierney seconded. Motion passed.

Review 2013 Legislative Outcomes, including Disability Advocacy Day Priority 1 – Leading the Way

- Proposed Legislation for Criminal History Background Checks for Proposed Guardians and Conservators of Adults with Disabilities

Council staff met with each member of the Senate and House germane committees in coordination with an SALN Member to educate committee members about House Bill 125. House Bill 125 passed unanimously in each body of the Legislature. The Governor hosted a bill signing ceremony on April 9th for all stakeholders involved.

Priority 2 – Lending Support

- Medicaid Expansion

Medicaid expansion, an option states may choose, of the Affordable Care Act, would expand Medicaid eligibility to about 100,000 more Idahoans, shifting the cost from counties to pay for very poor people's medical needs. The shift would rely almost entirely on federal dollars, saving the state's property tax payers millions. Providing this coverage would assist people to see health care providers on a regular basis and receive health care in a preventative manner vs. having to wait for a crisis or emergency care, which is more costly. The House and Senate Health and Welfare committees met to discuss expanding Medicaid, though not vote, on a plan to broaden Medicaid coverage, while eliminating Idaho's system for covering indigent people's medical bills through the County indigent fund. Medicaid Exchange was never given a hearing.

- Health Care Exchange

The state based health exchange received a great amount of debate on both the floor of the House and the Senate. It eventually passed out of the Senate and House. Since its' passage out of the Legislature, Governor Otter has appointed 19 members of Idaho's Health Insurance Exchange Board, a panel authorized by the Idaho Legislature to set the rules and regulations for implementing a state-based exchange. The Board must establish an exchange by January 1, 2014, as required by federal law. It is required by State law to develop an operating plan and contract for required services.

- Restoring Service Cuts

The Council led the movement to restore preventative dental services to people on the Medicaid enhanced benefit plan. The Council drafted legislation and met with Representative Fred Wood, House Chair of the Health & Welfare committee to discuss the possibility of restoring this service in the 2103 Legislature. The cost to restore preventative dental was estimated cost of \$1.48 million in state funds to serve an additional 27,000 people in Idaho. It was determined by the Chair that funding was not available at this time as the Medicaid budget had already been set, and that he would prefer the legislation be run in the 2014 legislative session.

- Revenue and Taxation

The Idaho Association of Commerce and Industry (IACI) worked to repeal the tax collected by counties on business equipment, known as the business personal property tax. The personal property tax bill went through a number of changes, and ultimately in the form of House Bill 315, the personal property tax relief bill. This bill exempts the first \$100,000 in business equipment for each taxpayer, in each county, from the tax; the total cost to the state is about \$20 million to make up the lost revenue to local governments and schools at current-year levels. The replacement funding will be paid for annually out of money received through state sales tax and will remove \$20 million annually from the state general fund.

- Managed Care

Authority for the state to move forward with managed health care was established in legislation passed in 2011. This year, Senate Bill 1010 removed the language in the law referring to mental health services in the Medicaid Enhanced Benefit Plan (in patient, out-patient and psychosocial rehabilitation) and substituted language referring to behavioral health services by accredited providers and in-patient psychiatric services for children. This aligns with the behavioral health managed care contract that is currently in negotiation and expected to start July 1, 2013.

Disability Advocacy Day at the Capitol

Disability Advocacy Day at the Capitol was February 8th, which was also the same day that we had the joint listening sessions for the House and Senate H&W Committees. The three biggest issues that people provided testimony on were preventative dental, improved mental health services and the health insurance exchange. Christine and Joe decided late on the 7th to go to the dollar store and buy 500 toothbrushes with holes in the handle and attached tags that said restore preventative dental. These were passed out to as many legislators as we could and we still have quite a few that we could use next year. The event was really well attended by individuals with disabilities. There were self advocates that testified for the first time. Ian Bott, a member of the Boise SALN Chapter, came to watch other self advocates testify so that he could learn from them and at the last minute testified on the SNAP Program and how beneficial it is and how he would like access to better nutrition.

Self Advocate Leadership Network

We have contract in place to fund SALN for a second year. The focus this year will be to get support in place for the individual chapters. Having paid support is critical to keep the chapters growing and moving forward. The Council would also like to see SALN take on more of a leadership role in the Disability Advocacy trainings that happen each year around the state.

Children's Benefit Redesign

Committee members reviewed the letter sent by the Department of Health & Welfare on April 9, 2013 regarding Children's Benefit Redesign for Children with Developmental Disabilities.

Chad Luce, Rob Cardwell and Art Evans joined the Public Policy Committee to discuss a letter that the Department sent out regarding Children's Services Redesign.

Paul Tierney – My family is concerned about transitioning to the new services due to the reduction in the number of hours of developmental therapy my child will receive under the new benefit package.

Art -A parent called me last week and was concerned that their child's service hours are going to be cut drastically. I looked up what their budget was and I asked them if they have been to their planning meeting yet and they said no. So you are assuming that you are going to lose hours based on what you are getting in the old system and what you think the budget will support now without looking at the full array of services. Some people are going to get a lot fewer hours. The array of services that we have coupled with school based services should meet most needs. If there is an identified need that is not being met within the budget, EPSDT is an option that they can be applied for to get additional services. We committed at the very beginning of this program to looking at the budget tiers and the array of services to make sure that people's needs are being met and that the budget tiers are adequate but are still committed to the budget neutrality. We have \$40 million that we were spending in the old system and have allocated that same amount of money into the new system. The purpose is not to reduce hours of service but to identify needs and address those through our new system. The Department won't know if budget tiers are set properly until we have all of the people present in the system. Our desire is not to take services away from children who need them. It is to better manage services to make sure they are

getting not just 22 hours of a service because that is what is available, but getting the level of services they need to get the best outcomes. Current best practice research evidence shows us where to invest the greatest amount of time and at what age to get the best results. Budget tiers will be revisited 2 years after all participants have transitioned to the new system. Most of the families that we've talked to have an understanding of when they need to transition by but want to wait as long as possible because of fear of what their budget will be and what that will do to their child's services.

On the operations side, parents are now realizing that they are facing a hard deadline to start the transition and are now scrambling to get the limited number of appointments available. There are still appointments available but parents will need to call immediately.

Julie - I was part of the original redesign group and we had talked about the need for a continuum of services and what that would look like. We discussed changing developmental therapy so that it was a community based serviced that parents could tie into when they needed some child care or services within their community.. At the top of that discussion was the need for very intensive services in an education setting for some of the most difficult children with behavioral needs. We argued at the time that people had insufficient training and were unqualified to provide this service. When the redesign came through, the training that is needed are three courses and some of those courses are semester long courses and some are over the weekend for several weekends and these trainings are accepted by the state. We have a great degree of flexibility in terms of what is considered quality for those intensive interventions now. Some of the better providers in the state may send their staff to the training that only takes a couple weekends but they provide their own intensive training so that they make sure that the services that families are getting are high quality. There is no way to assure this across the state.

Chad - Small steps are the biggest steps that we can take when we are looking at a big systems change. We've moved from a system where some folks had degrees in forestry providing therapy. We did take the advisement of core curriculum classes. Those additional three classes are not sufficient. We set the bar to what we thought was reasonable and was a step forward. It may not be where we are at in five years from now. We are watching this closely. The sunset date for our grandfathering for all previously certified therapists sunsets this June 30th and we

are watching our resources there to see if we think we have enough qualified providers and making some decisions about whether we need to do some extensions. There are a lot of mixed opinions where that bar should be set. The next step would be to create a certification program at the universities around the state. This is a big step to take but I think it is the direction to go.

Julie – The University of Idaho has two semester long courses. This takes someone a year to get through but they get only the ABA and the learning theory. There are other programs that are offering the same content over several weekends.

Art – I answered a lot of legislative inquiries this year about why am I being required to spend money to get three additional classes when I have a masters degree in a particular field. We've had legislative push back on the bar that we set. I think we all agree that it could be higher. There will be incremental steps and it will be challenging to get where we want to be.

Julie – I think that private providers have been a part of the pushback because of the budgets. Once a family transitions over to the new system then the amount of money that providers are receiving is going to be cut. I want to know if there is any kind of Department response to providers who have held the transition up with families.

Art – Chad's group, with the help of Medicaid, have sent multiple communications to families and providers. We understand your concerns about change in benefits. We understand that you may want to transition now. The communications have not only been in writing. There have been verbal meetings and telephone calls. We are estimating at this point there are about 300 – 400 kids that are at the biggest risk for losing benefits or having a gap in services. The Department is looking for help so that this does not happen at all or at least get that number to as small a group as possible. We only have a short amount of time to get this done and there is only so much capacity for the contractor to do this. We've done as well as we possibly could.

Rob Luce – Art and Chad are committed to looking at changes to the curriculum and the budget tiers. In order to this, we first need to have everyone in the new system.

Marilyn – Both the Department and the Easter Seals as a contractor have added staff to do the plan developmental for those kids that have gone through the ICDE process.

Rob Luce –That is correct, to the fullest extent that our resources allow. I would say that it is not sufficient to where we have enough resources to get everyone in. We have added some temp staff in key locations that will help but it alone won't cover everyone if they wait until the middle of June to start the transition process.

Marilyn - Someone in one of our other committees mentioned to me this morning that children with the most significant needs have moved over because the resources are there and the kids with the lowest budgets are ones that are reluctant to make the transition. A lot of this has to do with skill training not being available in the new budget for their kids. The kids who are getting IBI had their eligibility determined Health & Welfare. The kids that are getting developmental therapy had their eligibility determined by providers. This is an increased workload on ICDE if all kids have to go through ICDE. There was also some concern expressed that the kids whose eligibility was determined by providers might not be fully on the Department's radar in terms of numbers. There may be more kids out there than the 300 – 400 than you realize. One example given to me was that of a single dad that works until 7:00 at night. He is not reluctant to transition because of the perceived amount of services but because of time. The provider needs to take care of everything and take the paperwork to him to sign because he doesn't have time to go and bring his child and go through this process. How can we accommodate those families that simply do not have time to come in to start the process?

Art – ICDE has an increased workload but that is why we have a new contract with them. ICDE is keeping up and not contributing to the delay. They've increased their workload and taken some of their part time staff and made them full time. The bulk of the population has gone through the eligibility determination process but many of them have not written plans and that is where the delay is. Chad's team is running out of appointment slots for the plan writing.

With regard to the 300-400 people that have not started the transition process, we know who they are. We have a printout of everyone in the state who is receiving services that are being billed to Medicaid. We are running a report on

the names of everyone who is currently receiving any kind of DD services and we will be able to isolate who has or has not been through ICDE.

Chad – We started offering evening appointments upon request throughout the state. We have had several families take advantage of that but not large numbers.

Jo Lynn – Do you know how many of these families are from rural Idaho? To come down from McCall required days off from work and required my son to miss two days of school. My son had one day of IQ testing and another day for the SIB-R testing and he wasn't required to do anything. There are a lot of people in my area that are very low income and do not have cars. It would have been nice to have someone come to our area at a predetermined time so that it didn't present such a hardship.

Chad – When we identify the 300 people who have not completed any part of the process, we are going to do extra communication to reach out to them. If we identify that there are some people in some rural areas that have not come through due to some financial hardship, there are some steps that we can take to help get that done. We are more than willing to do what we can. It will be interesting to me to see who they are, where they are and what has interfered with keeping them from transitioning. In the future we may have some opportunities to improve the process so that people might not need to have as much face to face interaction.

Christine - It is very difficult to find the information on EPSDT on the website. Is there a way to position it on the website so that it is easier to find? You really have to dig for the information currently. Is there a role for the Council in understanding that we need to wait until everything is fully implemented but to start having those conversations with legislators because we all know that it takes a long time for them to have a full understanding of what we are talking about, what the service does and getting to evidence based. Having those discussions about the budget and getting to that standard of quality training and to start having those conversations, not with the intention of proposing a bill but to start educating legislators and getting families to play that role at the legislature.

Art – One of the things that I would like to see is helping legislators to understand what is right about what we are doing instead of what is wrong with what we are doing. Legislators typically only hear what is wrong with a program. The

Department is well aware what is wrong but we are also aware of where we would like to go with the input we have received. We would like to educate the legislators about what is working and why it is working and how it can improve. We need them to see that it is not this horrible system that is not meeting anyone's needs. When we talk about education, I would like to see that positive side come out. I think the legislators will be more responsive to hearing we like what this is but this is how we think it can be improved and this is what we think it will take.

Christine – We have Council members sitting here that can speak clearly about the fact that the array of services available is much improved over what we had before but the budgets don't allow people to access quality services in a way that is evidence based.

Art – We are still committed to looking at that and figuring out how to appropriately spend the \$40 million on the children to make sure that they are getting the services that are identified and documented as medically necessary to protect health and safety and to build skills. We are not going to know for some time whether or not we've made that distribution accurately. EPSDT is something that we can use when we identify a child that has a need that we are not meeting in some way. We are required by law to put that through the process and identify it and make a decision based on the information that we have.

When we try to look at utilization and how it was distributed with regard to children's need assessments, we discovered that there were some children with very low needs who were getting really high service hours and there were children with what we considered to be really high needs who were getting really low numbers of hours and so it was not just difficult but impossible to take utilization records and regression analysis that was accurate to define need and utilization. We had to go back to what the research told us about where the most hours and money should be invested and try to build budget tiers around that.

Toni – We left the agency that we were with because of high provider turnover. I don't want people doing very intimate things with my son if there are going to be several people in two months. The study that Medicaid is using to base its services on is not a good representation of what is actually happening with the services that are currently being delivered.

Art –Turnover is a problem with agencies due to low wages. There is not an easy answer for this problem.

Art - I talked to two service coordination agencies who are discouraging people from going into the benefits redesign. These are people who have dual diagnoses. They have a mental health diagnosis and in order to keep service coordination they are moving them to PSR and counseling and not moving them into children's redesign. These agencies have been giving 4 hours of PSR and 1 hour of weekly counseling and taking the full array of DD benefits away from clients just so they can remain as their service coordinator. If there is anything that the Council can do in terms of letting service coordinators know that they are not helping the children they serve by keeping them from these other benefits. In order to keep a service coordinator you abandon all these other services and that makes no sense to me. This is something that I have spoken to very clearly when I've talked to these two agencies. They didn't hear me and are still doing this. This is an area where you have a provider who is supposed to be working in the best interest of the child and is only looking out for their interests.

Julie - We have talked for years about doing a career ladder in DD agencies like we are doing in child care. We need to develop a way that we can certify the agency and have them on a career ladder path where they will get some incentives for going through an education program.

Toni – I have a concern about moving forward with a plan with insufficient budgets with a promise to review them in a couple of years of full implementation. Medicaid historically has used the argument against increasing budgets because people are making do with what they have. I really hope that Medicaid is committed to doing the right thing for children and to do the due diligence on how we are preparing young children to be contributing members of society.

Art – Idaho being a balanced budget state it is challenging to manage the set amount of money that we have to spend. We are always looking for ways to improve the system and to better utilize the funding we have.

Adjourned

The meeting was adjourned at 12:00 p.m.