

IDAHO COUNCIL ON DEVELOPMENTAL DISABILITIES
FULL COUNCIL
PUBLIC POLICY CONFERENCE CALL
Thursday, March 3, 2011
1:30 – 2:30 p.m.

Council Members on the call: James Steed, Joe Raiden,
 Kristyn Herbert, Teronda Robbins, Denise Wetzal, Lisa Robbe,
 Shiloh Blackburn, and Julie Fodor
Staff: Christine Pisani, Marilyn Sword and Amanda Holloway

MINUTES

AGENDA ITEM	ACTION
Call to order	Christine called the meeting to order at 1:30 p.m.
Issue Updates Legislative proposals: - <i>House Concurrent Resolution 9 (HCR 9) Privatization of Idaho State School & Hospital</i>	Christine asked Marilyn to report on HCR 9 which has been introduced by Representative Bilbao. Marilyn and Jim met with Representative Bilbao on Feb. 22. He said that he was receiving a lot of calls from communities in his district and law enforcement not knowing what to do with people in crisis. He stated he wanted to move to a managed care approach for people in crisis and said he talked to providers from other states that have a similar system. He is going to visit Montana and see how managed care works there. He believes in community-based services but feels there needs to be someplace where people with mental illness or a dual diagnosis can go for short-term crisis placement. Out-of-state providers have expressed interest in running ISSH and have told Rep. Bilbao that they can do it at half of the current cost. They have also told him that they would not refuse placement to anyone. The language in the resolution speaks about privatizing ISSH (which is an ICF/ID) but that is different than what Rep. Bilbao spoke of providing. In developing the resolution, Rep.

Issue Updates

Legislative proposals:

- *House Concurrent Resolution 9 (HCR 9) Privatization of Idaho State School & Hospital*

Bilbao relied on information that he had gathered from providers. He did not seek input from the Department of Health and Welfare or advocates.

When the resolution was presented in committee, Robert VanderMerwe, Executive Director of the Idaho Health Care Association (representing nursing homes) testified in support of the bill. House Health & Welfare Committee members asked if the private ICFs could provide this why they weren't already doing this? Then they asked how the populations were different and Mr. VanderMerwe said they were identical populations. The fiscal impact of the resolution does not include the information about the bond debt at ISSH or the maintenance costs. Currently, it costs \$40,000 – \$45,000 per month for electricity at ISSH.

HCR9 passed the House Health & Welfare committee and is currently on the House floor. Rob Luce, Administrator of Family and Community Services at the Department of Health and Welfare, and Marilyn met with Senator Lodge, Chair of the Senate Health and Welfare committee this morning. Mr. Luce presented information on ISSH and HCR9 that Sen. Lodge had requested. They discussed the transition plan developed in 2009 that aims at reducing the census by 35 in two years and changing the facility into a short term treatment center. Senator Lodge indicated that she does not plan to hold a hearing on HCR9 in her committee. This will stop the resolution this year.

Marilyn said even if HCR9 had passed, we would have been involved in the development of the Request For Proposals. Julie asked if we might see this again next year. Marilyn said we have no way of knowing. As part of the current transition

<p>Issue Updates Legislative proposals: - <i>House Concurrent Resolution 9 (HCR 9) Privatization of Idaho State School & Hospital</i></p>	<p>planning, there are two bills going through for ISSH right now. Senate Bill 1081, to change the admission criteria to clearly define the definition of individuals to be served at ISSH and it also outlines a due process for discharge. Senate Bill 1082, to change the name of ISSH to The Southwest Idaho Treatment Center. However we need to make sure that as we are moving forward with transitioning people out of ISSH that we are not dismantling community services to cut Medicaid costs.</p> <p>Christine said we did get the Money Follows the Person grant; which will help individuals pay for transition costs for the first year after they leave an institution and move into the community.</p>
<p><i>House Bill 221, Medicaid Cost Containment and Health Care Reform Act</i></p>	<p>Marilyn sent out this bill along with a chart of the changes and projected cost savings. Jim, Marilyn and Christine have been going through the bill to understand it and make sense of the number of programs it intends to cut or change.</p> <p>The Idaho Association of Developmental Disability Agencies (IADDA) opposes the bill and we have received their position paper. There is a hearing scheduled for Tuesday, March 8th at 1:30 with House and Senate Health & Welfare committees. Christine will send out House Health & Welfare committee member's contact information.</p> <p>Right now there are plans to have a rally on Tuesday at the Capitol right before the hearing so that people have a voice before they meet.</p> <p>Christine said that all of the cuts included as intent language in HB 701 last year – and subsequently in rule – are now in this bill. Jim said that is extremely troubling, because it takes all of the proposed temporary cuts from last year and makes them permanent. That means that all</p>

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Cost Containment and
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of the reductions in Psychosocial Rehabilitation Services (PSR) become permanent. People over 45 won't get Developmental Therapy or any form of active treatment and it will require that they move from the Developmental Disabilities Waiver to the Aged & Disabled (A & D) waiver. Some people will not qualify for the A&D waiver so they would have to go to a nursing home or an ICF/ID in order to get the level of support they need. If a person isn't eligible for ICF care, they won't get Developmental Therapy. Developmental Disability Agencies have said they will have to close their smaller offices, decreasing access in rural areas. Jim said that under the A&D waiver you can't get 24 hour care; they don't give you enough hours. You could go to a Certified Family Home, because you would still qualify for ICF/ID level of care. Christine asked about the self-direction waiver – at 45 you wouldn't be eligible for it either. There are about 500 people that get state plan services that are not eligible for waiver services. If this bill passes they won't get anything. TeRonda asked if individuals have to move to the A&D waiver if they can get adult daycare, but Jim said they still have to meet nursing home level of care. James said that it would be hard for someone who lives with someone else to get wrap around services. Jim said it would be impossible because they would be living with someone who is being served through another program and have different providers. Jim said it does make sense that you shouldn't force someone that is 70 to go to the same place and work on the same things but they may still need the interventions that come with developmental therapy to live their lives. James said that maybe they could increase the age requirement or if people have a more significant cognitive disability they could be on a different

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waiver to receive Developmental Therapy. The committee didn't get this until yesterday and we only have until Tuesday to respond,. We don't have enough time to educate the committee on the problems or even what the basic terms are and what they mean. They are pushing to do this because JFAC wants to set the Medicaid budget around the 14th because and they don't want to do it with intent language like last year. We need to talk to as many committee members as possible to fully educate them on the impact. Lisa/Julie wanted to know if we could get a one-page talking points sheet together to get to Council members. Jim said don't wait for people to put something together. Lisa suggested that a good starting point would be the information that Katherine Hansen put together.

Christine said there is a meeting tomorrow to figure out next steps. If Council members could call or meet with legislators over the weekend (especially those on House Health and Welfare) about the impact of this bill to people that would be great. Christine will send what we have, who's on the committees, IADDA's position statement. Marilyn said that she will work on some talking points for the Council.

Marilyn said that it is likely this will pass in the House. They will have the joint hearing and then the house will have to take action. We aren't sure if the Senate will have a hearing. Marilyn said that we should put together alternative language. We should also contact members of the House Revenue and Tax committee about raising revenue instead of making these cuts. Christine will also send out that committees contact information.

Rep. Loertscher has asked Rep. McGeachin to

<p><i>House Bill 221 Medicaid Cost Containment and Health Care Reform Act</i></p>	<p>include information for the committee about who the cuts impacted and how many people. Julie stated that it should also include in what ways they are impacted.</p> <p>If they retire people at age 45, 769 people would be effected; at age 55, 336 people; and at age 65, 135 people would be impacted.</p> <p>The meeting adjourned at 2:30 p.m.</p>
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