

First Deadline Shrinks Bill List

It was a wild ride this week as legislators worked overtime to pump bills out of committee before the first legislative deadline hit on Friday, March 8. Only bills that have made it out of committee have survived – any other bills are dead for the year. These deadlines do not apply to bills that spend money, deal with taxes, or come out of the Government Oversight Committee.

Some bills that survived the deadline:

- Expanded use of cannabidiol (CBD oil) and potential home delivery to those allowed to use it (SF 501, HSB 244).
- Provides a tax credit to make your home more accessible (HF 527).
- For those that do make improvements to their homes, another bill makes it a felony for a contractor to lie about the need for home improvement or the condition of a home, gives a fake name or business name, lies about the work or repairs done, or takes money without finishing the job (SF 461).
- Gets rid of monthly budget cap for individuals getting services funded by the Brain Injury waiver (HF 570).
- Fixes inconsistencies in absentee ballot counting by requiring all counties use the postal service's barcode service and counting any mailed ballot that enters the system on time as shown by either a bar code or post mark (HF608).

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- Allows an individual who is deaf or hard of hearing to have their driver's license marked, which also makes this designation noted in the database that law enforcement searches when making a traffic stop. This bill also requires the Department of Transportation to work with the Commission of Deaf Services to get the word out about this option and train law enforcement officers (HF 643).
- Requests a work group meet over the summer to review special education programs, and outcomes expected for students with individualized education programs (SF 316).
- Requires renters to show their landlord proof that they need a service animal, and that the service animal is properly trained. The bill also makes it a crime to lie about this (SF 341).
- No longer requires direct care workers that provide services to people with disabilities to pay state taxes – so their income is state tax free (SF 41).
- Makes all items, digital products, or services that are paid for or reimbursed by Medicaid sales tax exempt – so there would be no sales tax on things you buy that are reimbursed by Medicaid (SSB 1166).
- Takes the first steps in creating a children's behavioral health system that parallels the adult system managed by regions (HSB 206 & SF 479), and allowing regions to keep a bit more money in reserve while they build out both the adult complex needs service system and the children's behavioral health system (HF548).

While there were a lot of bills that survived this first deadline, many other bills failed to make the cut, including:

- Requirements that telecoil assistive devices come with written information about the product and identify the device's compatibility with other ADA-compliant devices and services (HF 120).
- All bills making changes to the state's Medicaid managed care contracts (more on that in the next article).
- Insurance mandates that would have required coverage for hearing aids (HF 399) and medically-required food dispensed through a feeding tube (SF 453).
- Home modification grant program (SF 269), although you might find this resurrected in budget discussions since it requires funding.

Remember that our Bill Tracker keeps track of these and other bills of interest, and it's updated daily! So as legislators spend time debating bills over the next couple of weeks, you can keep on top of any bill's progress. Find the bill tracker online at: www.infonetiowa.org/news/bill-tracker/.

Looking Ahead

The Iowa legislative session has now come to its halfway point. With only eight weeks to go, legislators will turn their attention to floor debate. They will spend most of their time over the next 2-3 weeks debating the bills that have come out of committee, getting ready for the second legislative deadline on April 5. At this time, bills need to pass the House or Senate, and then come out of committee on the other side.

In addition, legislators will look at new revenue estimates that come out on March 15. This will tell them if the state's economy is doing well, and if there is enough money to go around without budget cuts. Soon legislators will start to put their budgets together.

So what does this all mean to you?

- **If you see a bill that you want to become law**, now is the time to talk to your legislators about it. Make sure your State Senator and State Representative know why the bill is important to you.

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Looking Ahead *(continued from page 2)*

- **If you want changes to Medicaid managed care or you are concerned about funding for a program or service**, now is the time to talk to your legislators about it. Ask them to fix your issue in the budget. They may not be on the “right committee” to help you, but they know others that are and can be your advocate at the Capitol. Just ask for their help!
- You can call your legislators at the Capitol (515.281.3371 for Senators; 515.281.3221 for Representatives) or by email them using our Grassroots Action Center (www.infonetiowa.org/take-action/).
- Remember you can find who your legislator is in two ways: it’s on the mailer side of your newsletter, or you can go online at www.legis.iowa.gov/legislators/find. Use your Guide to the Iowa Legislature to find out more. It was mailed to you earlier, but can also find it online at www.infonetiowa.org.

Medicaid Managed Care: What’s Next

This year legislators from both House and Senate, Republican and Democrat, introduced bills to address problems with Iowa’s now three-year-old Medicaid managed care system. None of these bills survived the first deadline, but that doesn’t mean the debate is over.

Legislators like to deal with Medicaid and managed care issues in the Health and Human Services Budget, since these issues usually come with a price tag. That budget has not yet been written, so now is the time to talk about managed care issues you’d like to see addressed.

Here are a few ideas that legislators put forward this year:

- End managed care for everyone, return to fee-for-service system.
- End managed care for long-term services and supports only, and return to fee-for-service system.
- End managed care for everyone and move to an administrative services contract (this managed care hybrid is similar to the agreement the state had with Magellan prior to managed care and was proposed by the Iowa Hospital Association as their “better way” – basically the state hires a single company to administer the fee-for-service system).
- Require an independent external review process for appealing decisions on claims and services.
- Demand true conflict-free case management, separate from the MCO.
- Ban MCOs from asking for payment back or denying payment for services that were provided according to a service plan or contract.
- Make MCOs pay a provider 12% interest on claims that were not paid on time, inaccurately denied, not paid according to the contract, or not settled in a timely manner.
- Make MCOs pay a provider 20% interest if they deny coverage and it is overturned on an appeal.

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Important Dates Ahead

March 15: Updated revenue estimates released, giving legislators confidence to proceed with budgets (if they are good) or forcing cuts to budgets (if things look bad).

April 5: Second “funnel” deadline. House bills must be voted out of Senate committees to survive; Senate bills must be voted out of House committees to stay alive. Deadline does not apply to bills that include taxes or spend money.

May 3: “Last Day” of the session, the 110th day is the last day legislators get reimbursement for room & board while in Des Moines. If they don’t get done by this date, legislators have to pay for their own gas, hotels, and meals while in town.

Medicaid Managed Care *(continued from page 3)*

- Require independent, conflict-free administration of the uniform Supports Intensity Scale (SIS) assessment given to individuals who have an intellectual or developmental disability.
- Report on long term supports and services provided to individuals with disabilities to make sure people are receiving necessary services and supports.
- Develop a single, uniform credentialing process for Medicaid providers, using the same criteria for both fee-for-service and managed care.
- Eliminate prior authorization for some services or require a uniform prior authorization process for both fee-for-service and managed care.
- Direct MCOs to work with state agencies and provider groups to help recruit, retain, and train the direct care and health care workforce.
- Require MCOs to honor requests to switch MCOs for good cause within 10 days (currently it may take up to 45 days for this to be done).
- Add staff to the Ombudsman Office to investigate complaints made by any Medicaid member, whether receiving long term supports and services in managed care or fee-for-service.
- Streamline all administrative processes and procedures, so they are the same for all managed care organizations and the state's fee-for-service system.

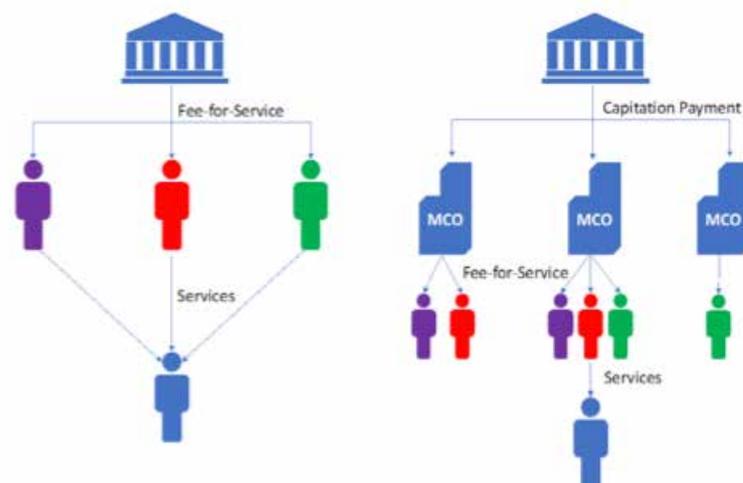
There have been dozens of other ideas presented over the years, but these continue to be issues your elected officials thought were important enough to keep alive. If you see something you like, pass it along to your legislators. If you have other thoughts, pass those along too. When you ask for help, you might want to:

- Explain how this change will help you. What problem do you have, and how will this help?
- Ask them to consider putting this change in a budget bill or amending another bill on the floor.
- If they say they cannot help because they are not on the right budget subcommittee, ask them to talk to their colleagues who are on the committee.
- Remember to thank them for their help or their time. Ask if you can meet them sometime over the summer or when they are back in town for a public forum or town hall meeting.

Fee for Service? MCO?

Wondering what “fee for service” means? That’s the old way Medicaid functioned. Providers provided a service, billed the state, and was paid a fee for that service. Thus, fee for service.

How is that different from managed care? Under managed care, a company is paid a set amount for each person assigned to them. They must provide all the services needed – but they only get that set amount (called a capitation payment). Get people healthier; save money. Fail to control costs; lose money.



Medicaid “Work Requirements” Spring Back to Life

As noted above, the Iowa Senate has kept a bill requiring those enrolled in the Iowa Health & Wellness Plan to participate in some type of community engagement for at least 20 hours per week. The bill that survived (SF 538) was drafted by the Senate Labor Committee, but Senators that sit on the Senate Human Resources Committee had a different approach (SF 434) that did not survive the deadline.

Here's a quick review of the differences:

	SF 538	SF 434
Waiver submission deadline & implementation	By October 1, 2019	By March 1, 2020; can only implement prospectively after CMS approval
Population targeted	Iowa Health & Wellness Plan participants	Same
Community engagement hours	20 hours per week, averaged over a month	20 hours per week, averaged over six months
Community engagement activities	Work, volunteer, work program, PROMISE jobs	Same, plus Future Ready Iowa enrollee, other activities identified by DHS and approved by CMS
Exempt Individuals	Medically certified physically or mentally unfit for employment, pregnant, caring for dependent child under age one, caring for dependent child who has a serious medical condition or disability, participant in a drug or alcohol treatment program, or receiving unemployment insurance.	Same, except caring for dependent child under age six. Also adds people determined to be medically exempt, homeschoolers, full-time students, and any other criteria DHS <u>develops</u> and CMS approves.
Disenrollment	Left to rule.	If does not comply in first six months, DHS will move the person to a limited benefit plan, as outlined in the waiver request. If does not comply in the subsequent six months, eligibility is terminated.

This issue was considered stalled a few weeks ago, when legislators were told over 70% of lowans receiving these services were employed. DHS recently provided lawmakers with data showing that only 76,000 of the 172,827 IHWP participants reported earnings – that’s only 45%. With 61,000 lowans potentially not engaged in one of the identified "community engagement" options, Senators decided to take another look at it.

Work Continues on Governor's Signature Children's Mental Health Program

One of Governor Kim Reynolds' first acts as Governor last year was the appointment of a work group to examine Iowa's children's behavioral health system and make recommendations that would guarantee all Iowa children had access to a full array of quality, evidence-based behavioral health services. This was seen as the follow-up to last year's "Complex Needs" legislation, which mental health and disability services (MH/DS) regions are implementing now for adults with multi-occurring conditions.

The children's work group met over the last year and came up with a set of recommendations. Senate File 479 and House Study Bill 206, both of which survived the first legislative deadline, implement most of those recommendations. Here is a quick review of the bills:

- Each MH/DS region is required to plan for and ensure access to core children's behavioral health services within their area. Each region must designate at least one children's behavioral health coordinator. They would continue to have at least one staff person designated as an adult mental health and disability services coordinator. The region must have their initial plan for services completed by April 1, 2020.
- Children living in families with incomes up to 500% of the federal poverty level would be eligible for these regional services, and the region will use a sliding fee scale for children in families between 150-500% of the federal poverty level.
- Regions are to make sure the following comprehensive facility and community-based crisis services are available to any eligible child, regardless of diagnosis:
 - Mobile response
 - Crisis stabilization community-based services
 - Crisis stabilization residential services
 - Behavioral health inpatient treatment
- Regions are to make sure the following core services are available to eligible children with a diagnosed serious emotional disturbance:
 - Prevention, early identification, early intervention, education
 - Assessment and evaluation to determine eligibility for services
 - Medication prescribing and management
 - Behavioral health outpatient therapy
- If additional resources are identified, regions are to make sure the following additional core services are available to eligible children with a diagnosed serious emotional disturbance:
 - Behavioral health school-based therapy

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Join Us for Our Second Advocacy Call In!



Join lobbyist and infoNET writer Amy Campbell and DD Council Public Policy Manager Rik Shannon to talk about the issues being discussed at the Capitol and what you can do to make your voice heard. Talk about the issues you read about here, or other things on your mind.

Friday, March 15 @ 10-10:30 am

To join by phone: Call 1-866-685-1580

When prompted, enter 515 242 6150 #

You will be placed on hold until the leader signs in

Children's Mental Health Program *(continued from page 6)*

- Support for community living (family support, peer support, therapeutic foster care, respite care)
- Transition services to bridge to adult system (day habilitation, job development, supported employment prevocational service, educational services, care coordination, health homes)
- Regions are required to pay for core services to children with diagnosed serious emotional disorders who are not eligible for Medicaid and do not have other insurance coverage, but only if funding is available. No additional funding sources have been identified, and funding for services is not addressed in this bill (or any other bill filed to date).
- Medicaid (and managed care organizations) would be required to pay for the services that are provided to their members, "to the extent funding is available." If these are to be funded, the Health and Human Services Budget would need to include additional funding for the Medicaid share of these services.
- The Children's Behavioral Health System Board is also formalized in these bills. The Board will continue to provide guidance and support the ongoing development of the system, and representatives from state agencies, courts, MH/DS Commission, Early Childhood Iowa, providers, schools and AEA, parents, advocates, regional MH/DS administrators, sheriffs, pediatricians, and hospitals.
- Regional MH/DS governing boards are also reconfigured. Currently only elected officials are allowed to vote on these boards. The changes would add a parent, AEA, and children's service provider to the board, and allow the AEA, parent, and the existing adult consumer member to vote. The bill splits the current advisory committee into an adult services advisory committee, and a children's service advisory committee.

During the various subcommittee meetings on these bills, there was a lot of support, but also concern that funding for these services was not addressed. As you will recall, legislators have not yet addressed predictable and sustainable funding for the enhanced MH/DS adult services system. Regions are asking that the property tax caps be lifted so they can fully fund their services and equalize levies throughout the region. Some advocates are asking for the state to buy out the system using money generated from a one-cent sales tax increase (not all would go to MH/DS services).

To date no one has proposed a fix for the adult service system funding. The Governor's budget only includes funding to partially address the children's mental health services waiver waiting list, it does not include funding for these additional services at the regional or Medicaid level.

It is important to remember, regardless of where you land on how services should be funded, access to services can only be guaranteed if there is a way to pay for it. As US Senator Bernie Sanders of Vermont said, "Has access to' does not mean that they are guaranteed health care. I have access to buying a \$10 million home. I don't have the money to do that."

Join Us at ACD 2019!

You don't want to miss your chance to lobby legislators at the State Capitol this year.

Join us for Advocating for Change Day 2019 on Wednesday, April 10. The briefing starts at 9:00 am – register now at www.idaction.org.



infonetowa.org/calendar/events/

To find a forum near you & get tips on attending a forum: www.

tradition of getting to all of Iowa's 99 counties each year.

That goes for our members of Congress as well as your state legislators, and Governor Kim Reynolds, who is continuing the back to their districts and talking to the people they represent. Iowa's elected officials are really good about getting Do not miss out on the best way to advocate - in person, in your

Public Forums

Bill Tracker

You can see real-time status of bills of interest to Iowans with disabilities in our Bill Tracker at www.infonetowa.org/news/bill-tracker/. You can see the list of bills that survived the deadline under the "active" list, and the list that didn't make the cut under the "inactive list."

c/o Iowans with Disabilities in Action

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