



2015 Olmstead Consumer Taskforce Legislative and Policy Priorities

1. Extension of core and core plus services to people with developmental disabilities and/or brain injury. Identification in Iowa Code of people with mental illness and intellectual disabilities as the only “mandatory populations” leaves many people without services and at risk of institutionalization. Basing eligibility for services on a person’s diagnosis is a violation of *Olmstead* principles. Expansion of core and core plus services to people with developmental disabilities and brain injury can at least begin to address this violation.

2. Expanding integrated employment options for people with disabilities. Iowans with disabilities should have the meaningful choice to work in the community, at or above minimum wage, and side by side with people who don’t have disabilities. The Taskforce supports current Employment First (E1st) initiatives to address the systemic barriers to competitive employment. The goal is to create more options, not to eliminate sheltered workshops.

3. Building Community Provider Capacity. The lack of providers, especially in rural areas, and/or their inability to recruit, train and hold onto direct support staff, is a significant barrier to community living. Provider reimbursements, staff wages, and training—especially in how to support individuals with challenging behavior, must all be addressed.

4. Reducing the Affordable, Accessible Housing Gap. There is widespread recognition of the need to increase mainstream housing opportunities for persons with disabilities and older Iowans and promote construction of homes and residences, using universal design principles, in communities across the State of Iowa. The Iowa Economic Development Authority and the Iowa Finance Authority should continue to use available resources to expand the supply of affordable accessible units for people with disabilities. The Legislature should expand eligibility and increase funding for IFA’s HCBS Waiver Rent Subsidy Program.

5. Reducing HCBS Waiver Waiting Lists. The year 2014 saw a steady increase in the length of the HCBS Waiver waiting lists from an already staggering 7,367 to well over 9,300—despite a legislative appropriation of \$6 million specifically to reduce the length of the list. Some people have been waiting for in-home supports and services for two-and-a-half years, unquestionably placing many at higher risk of institutionalization. The current administration needs to take a hard look at the root causes of this chronic issue

and develop appropriate strategies to combat them. Clearly funding is only part of the answer; “institutional bias” refers to a range of systemic factors that need to be addressed, such as provider capacity (see No.3, above), workforce development needs, departmental human resource issues, and affordable, accessible housing for community living.

6. Funding Core+ Services. Most regions are making good progress in the development of core services. The next step is to ensure adequate, stable funding for core plus services, which are equally important. As a first step, the Legislature needs to live up to its commitment to provide property tax equalization funding. If the \$47.28 per capita benchmark in MHDS funding is insufficient to ensure availability of core plus services, an appropriate adjustment must be made. Expanded use of telehealth can also be a vehicle to broaden access to services.