

HCBS Quarterly Committee Meeting

Agenda:

Introductions- How will we know we are a successful Advisory Committee?

DDA info and updates (quality metrics, waiver amendments, Integrated Settings) Purpose of this Advisory Committee

History and Perceptions of the Committee Break Breakout Groups: What are your ideas for making this Advisory Committee more productive?

Groups report back

Next steps

How will we know we are a successful Advisory committee?

Attendees:

1. Tracie Hoppis- Washington State Parent to Parent
2. Debbie Chapman- Informing Families
3. Stacy Dym- Arc of Washington State
4. Valerie Kindschy- DDA Waiver Residential Unit Manager
5. Michelle Sturdevant- DDA
6. Betty Schwieterman- DD Ombuds
7. Lisa Robbe- Developmental Disabilities Ombuds
8. Teresa Boden- DDA Chief of QA Compliance
9. Jaime Bond- DDA Chief of Program and Policy
10. Paul Davis- Health Care Authority- Behavioral Health
11. Lori Gianetto Bare- DDA Residential Quality Assurance Unit Manager
12. Jamie Coounts-
13. Ann Vasilev- DDA Waiver Unit Manager
14. Courtney Williams- Executive Director of Community Employment Alliance (CEA)
15. Michelle Williams- Informing Families and Parent to Parent
16. David Lord- Advocate
17. Darci Ladwig- Spokane parent Peace NW housing coordinator, Informing Families Coordinator
18. Ryan Hilton- DDA waiver team Waiver Quality specialist
19. Sandi and Marina Gruberg- Parent and Piece County
20. Lance Morehouse- Started group as a parent and now CEO of Sherwood services
21. Helen Black- 14 years at Arc of Spokane, parent of son accessing transition, Member since committee started
22. Brandi Monts- Developmental Disabilities Council
23. Aaron Morrow- Public Policy Advocate
24. Emily Rogers-
25. Whitney Stohr- parent/caregiver/ advocate
26. Linda Hyatt- Daughter, volunteer family group, was a DDA CRM for over 20 years.
27. Amanda Sherry-DDA Quality in Residential Settings Program Manager
28. Anna McEnery- Jefferson County DD

Amanda Sherry-Tasked by legislature with developing uniform quality assurance metrics.

Presented draft of PowerPoint: See attached document

Fatal 5- refers to the top conditions linked to preventable deaths.

The term "Fatal Five" refers to the top conditions linked to preventable deaths of people with intellectual and developmental disabilities (IDD) in congregate care settings or in community-based residential settings. While the issues can differ in order of frequency depending on the population being represented, the conditions most likely to result in death or health deterioration for people with IDD are:

Aspiration
Constipation/Bowel Obstruction
Seizures
Dehydration
Sepsis

Aspiration

Constipation/bowel obstruction

Seizures

Dehydration

Sepsis

-Question: Would surveys go to legal reps also? It hasn't been determined yet.

- Attendees think family reps should be included

-Here is what we heard and what we are thinking, how does it fit with you? Are we on the right track?

-Amanda offered to meeting with small group after the meeting if anyone is interested. Sandi Grub would like to attend.

Amanda.sherry@dshs.wa.gov

-David Lord- Look for other ways to measure success for RHC than moving out and not moving back.

-Sandi- How many DDA clients after transition are served in community? Also, how many hours a week are they served by a paid provider?

-Stacy Dym- Ensuring there are enough providers for each service. And if families have adequate service providers.

-Linda- Expectations of providers are lacking.

-Is Caseload and Cost report out? Yes, it is.

<https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/2022DSHSDDACaseloadandCostReport.pdf>

-David- In general I am interested in seeing measures that reflect the degree of individual control people with I/DD have over their lives-their choices and preferences, in whatever setting and throughout lifespan. (from chat box)

Ann Vasilev-

-Waiver updates and questions.

-The intent of the Advisory committee and history.

-Foundation of Federal Government to make sure that states are not making decisions in a vacuum. Need input from Advisory board.

-We are limited to 3 programs (Roads to Community Living, Waiver, CFC) but conversations may lead to other topics.

-Ann has participated since 2015. This group has been very productive.

-Meetings have helped developed relationships.

-This group has moved the needle in HCBS services.

- Assistive Technology break out session- visioning, planning, and service creation (training was a take away of this breakout session)

-Specialized Habilitation- being able to talk about sex education. Being transparent and say sex ed.

-We use service names and not the services they provide. We are working on it and trainings are being adjusted. We have videos on all our services and not just the name but connecting it to what the client/families say they need.

-A person's support needs change over time and our services need to be flexible. Expansion of Community Engagement. It can support a person at any age. Specialized Habilitation is also flexible.

-A family came to our group member and said that medical supplies take about 6 months. DDA found out that out and told them to contact CRM and Supervisor. Result was that we need forward facing conversation and what families can expect when requesting a service and timeline.

-Need to do better at giving updates, some things are slower that we would like but need to give updates.

Question- Region One is hosting a big training for Case Managers. Is there anything incorporated with families. Sounds like a new case manager training.

- Teresa- we have been making attempts to include people with experiences into our trainings as much as possible. We have got great feedback from CRMs.

Updates:

Five amendments (changes) that were submitted this Fall.

-CMS came back and asked us to break them in 2 groups. (Separate out Concurrent Services)

-Concurrent services is going to start Jan 1.

-The other amendments are still with CMS with projected start date of March 1.

-Teleservice- During PHE people were able access over phone or zoom etc. CMS said they want to know how it won't get in the way of client getting into the Community. We are going to require a "teleservice request" form that shows how much teleservice they want versus other services. Document will communicate that it is the client's decision how much teleservice they want. It can be changed at any time.

-Part of CMS's request is how much DDA will allow teleservice. We didn't want to put a policy limit, what do you think? We don't want to isolate clients.

-Groups thoughts?

-Early intervention program- Physical Therapy was done remote.

-Transition- Employment went down during COVID. They tried to work on vocation skills remotely. Young man wanted to work in a pizza place. The client and employment vendor worked on how to make a pizza. After things opened up, he got a job at Mod Pizza. Likes the request form, doesn't think someone should have 100% remote. There should be some limit to remote services. We don't want sheltered services.

-Helen Black- What safeguards will be put in place so the client is making the decision and not someone else?

-Emily Rogers- Received tele supports in their home. Likes to have someone in the home to help with tasks not the conversation. Some things can not be seen over a computer screen. Maybe a check-in that can happen in person. It is very isolating.

-Ann- They are talking about some mandatory checks. They are going to have to have a policy roll out at the same time as the service. Would the group be willing to help with this? Please add to next agenda.

-Brandi- Suggested a small group

-Remote Support- (distance based) New service that we proposed for people not receiving residential habilitation. CMS wants to know what safeguards that needed supervision is not remote.

-Only the least restrictive technology to accomplish goals.

-We want to make sure a person's privacy is supported.

-Someone who wants assistance as needed when someone is not available. Example a person wants to go on a walk, but they tend to get lost. They want to contact the remote support person and ask for help.

-Lance- Respecting privacy. If I get lost, and I need directions I can find out where to go on my phone? Can we have people have the smart technology to do the same? Also, having someone be there remotely is better than no one in work place shortage. Need to deal with workplace shortage.

-The call center is staffed with real people. Client's will speak with person not automated service.

-Example: A person likes to go smoke on the porch but worries about being alone. They put a sensor on his door so if he didn't come back inside in 15 minutes, the tech center was notified.

-Helen- Make sure it is what the individual wants. What kind of ongoing training will be offered? Has seen so many times that families/ providers etc. are trying to control. Sometimes the client is very quiet, and the others are doing the contact. Need safeguards so it is up to client.

-Betty- Privacy and choice are important. People are overwhelmed and have staff in their house all the time so if some services can be remote without different people in the house all the time. Need safeguards built in.

-Waiver team tried to build internet and data into this service but CMS asked them to remove it. Would need internet in home or need a cellular data plan. Still trying to get this built in to service. Looking at how other states have this.

-Expanded Community Engagement definition.

-Link to HCBS Advisory Group website:

<https://www.ddc.wa.gov/council-activities/hcbsqa-advisory-committee>

-Original intent was to discuss waiver services.

-Please look at the names and let Brandi know if someone isn't attending or if your name isn't on the list.

-How did it go with the cell phones DDA already has? State only funds. We can't get Federal match.

-Was there any training? T Mobile gave own website and phone number for support. Also, offered it in different languages. Great customer service. We are doing a push to get them out. They need to be used for clients and families to access remote supports. We didn't get as many people who wanted phones, so we are doing a bigger push.

-HCA Medicaid telemedicine rule making link will show draft restrictions and allowances that may be relevant to DDA services being provided remote. <https://www.hca.wa.gov/assets/102S-22-22-068.pdf>

-Question: What is the format of the Community Summit? Are things going to be just in person or hybrid? Brandi thinks it will be hybrid because it allows so many more people to participate.

-Brandi asked if anyone was interested in a group of people helping with the agenda and priorities of discussion? Whitney and Anna would like to be part of this. Brandi will follow up with DDA.

-Anna liked when an email went out asking for agenda items.