



**Developmental Disabilities/Mental
Health Committee Minutes**
May 22, 2013

<i>Members present:</i>	Carol Conlon (via phone), Sally Cumberworth (via phone), Trish Jordan (via phone), Patricia Lawrence, Susan Melero, Cynthia Owens, Mike Parr, Margaret Theisen, Mason Windhorn (via phone), Ryan Yecny
<i>Members absent:</i>	Dayna Davis, Buhl Bowman, Noel Suarez, David Richmond, Marilyn Schuster, Kelsey Weigel, Joy'e Willman
<i>Others present:</i>	Elvyss Argueta, Roxy Tolva, Teri Watson, Marie Windhorn (via phone)
Commissioners present:	Mark King (via phone), Joseph Lowe
<i>Staff present:</i>	Leslie Houston, Suzanne Huffman, Ron McGhee, Cheryl Miller, Ann Melendy, Kelly Rosenau, Lindsay Terrett

Meeting Called to Order

Margaret Theisen called the meeting to order at 1:04 p.m.

Introductions

Attendees introduced themselves.

Adoption of Agenda

The agenda was approved by consensus as written.

Approval of Minutes

The April 24, 2013, minutes were approved by consensus as written.

Coordinator Report

Lindsay Terrett, DD/MH Coordinator presented her monthly report:

- Attended a seminar on Asperger's syndrome and Autism.
- Participated in the ARC of Marion County monthly Board meeting.
 - Chaperoned for a dance hosted by ARC Marion County.
- Provided staff support for the PSW Training Committee.
- Created a *Frequently Asked Questions* flyer answering questions raised by AMH Netlink Training participants.

- A draft has been sent to Noel Suarez from AMH to answer questions related to AMH protocols and policies.
- Began developing DD/MH Committee member notebooks with a goal to finalize by the end of July.
- Registered for and prepared display materials for the Case Manager Conference in Corvallis on June 18 and 19.

Registry Report (RSS)

Ron McGhee provided the committee with a handout explaining the developer plan (blue prints) of the basic design and look for the RRS upgrade.

K Plan: Guest Speaker Shelly Reed

Shelly Reed spoke about the new State plan option named the K Plan. The K Plan allows the State to continue to serve people needing long-term services and/or supports either in-home or in community based settings. The K Plan will secure Oregon's position as a national leader in serving people with home-based community services. The K Plan also presents an excellent opportunity for Oregon to claim an additional six percent of federal matching funds.

Shelly made it clear that the State understands change is always a difficult for people. However, for the clients that are receiving services there will be no dramatic changes. The same services that are available today will be the same services, with possibly more available after implementation. The main difference will be the way that services are funded internally. The State will track what portions of the services are attributable to the K Plan or the State Plan. This is how matching for payment will be determined.

The current eligibility criteria for services will remain the same. Once a *Level of Care Assessment* is completed, the client will be determined eligible for either K Plan and/or K Plan and stand-alone services

The *Level of Care Assessment* will happen right at the time the consumer applies for services and case management services will be covered under the K Plan waiver. The K Plan will open up services for a number of children who currently are not eligible due to their parent's income.

The K Plan will also provide enough funding to develop services for people with special needs that have not been able to access services. For instance, the K Plan will be able to pay move-in costs for individuals leaving institutions such as nursing facilities and the State Hospital. The K Plan will increase the ability to have home modifications completed and provide assistive technology that can make a big difference to the client. This will not change any person-centered planning or goal setting that the case manager creates together with the client.

Margaret Theisen raised some concerns including:

- Where does the State budget place the expansion of services?
- How does the *Level of Care Assessment* meet the needs of a very diverse group of people such as those with autism, mental health disabilities, profound intellectual disabilities, etc., with this one size fits all philosophy?
- Will there be a defined individual budget for consumers in the future? In Oregon, historically the DD group is the first to receive budget cuts. Advocacy groups need to be aware of the potential for future cuts to this group.

Shelly Reed answered that Margaret's concerns are being addressed. The individual *Level of Care Assessment* will allow the State to cover the diverse groups within the DD population.. The State will assimilate current processes and policies such as SNAP.

PSW Training Committee Report

Cynthia Owens, Chairperson for the PSW Training Committee reported on the May 22, 2013 meeting(which was held earlier that day) :

- *Professional Development Recognition for HCWs* was discussed with the intent of making a similar recognition available for PSWs who take the recommended core classes.
- PSW core training classes might include *Emergency Preparedness and Medication Safety*.
 - **Cheryl Miller**, Executive Director will provide a recommendation of core classes for adoption. The committee will have an opportunity to discuss and make further recommendations before adopting.
 - There was discussion about a possible brokerage survey.
 - Explored online training options including:

- Community-based trainings that already exist.
- Linking the State community-based trainings to the HCC website.
- Discussed CPR training becoming available for PSWs.
 - Training Committee recommended adopting the HCW eligibility requirements for PSWs:
 - Must attend two HCC sponsored trainings prior to CPR class.
 - Must have an active provider number and have authorized hours in any one of the three full calendar months prior to the date of request.
 - Have a training class no-show rate of 30% or less.

Leslie Houston, Training Manager, noted that few PSWs have attend training. **Leslie** requested that the Committee make an interim decision to adopt the *CPR Tuition Payment Guidelines for HCWs*. PSW training is currently offered only in classrooms and may be revised to include online training, in the future.

Cynthia Owens made a motion to accept the current criteria for *CPR Tuition Payment Guidelines for HCW* to apply to PSWs.

Patricia Lawrence seconded the motion.

Margaret Theisen asked if there were further questions.

Mike Parr requested, the committee allow time to review the document before making a motion to vote.

Margaret Theisen asked to table the decision until the June 2013 meeting.

This decision was approved by consensus.

Cynthia Owens made a recommendation that the current document go back to the PSW Training Committee for change to reflect Personal Support Workers, prior to the June meeting.

Workers' Compensation Report

Kelly Rosenau reviewed the April 2013 claims. **Kelly** provided details on the claims and reported that:

- Four PSW claims were filed in April.
 - Three lifting injuries and one motor vehicle accident claim.
- PSW claims average three per month.

22 claims have been filed this fiscal year to date.

DD/MH Committee Overview

At the request of the Committee, **Cheryl Miller**, presented an overview of the DD/MH Committee, and/or House Bill 3618 for new members. **Cheryl** emphasized the purpose of the committee.

Adjournment

Margaret Theisen adjourned the meeting at 2:28 p.m.

Handouts

- ◆ Agenda
- ◆ Meeting minutes, April 24, 2013
- ◆ Workers' Compensation Report for April
- ◆ DD/MH Committee Overview