

HCBS Reform Community Forums

Fall 2016

Thursday, October 27, 2016 – Sitka, 10 participants

Comments/Questions/Input

- Happy to see that Division is considering changing level of care to allow those with ADRD cognitive issues with needs for supervision and cueing but with no significant medical conditions services to meet their needs
- Significant population of TBI persons in Southeast but no programs or services offered to them although there are providers in this area. How will they get services? SDS is talking with Public health to develop a database based off of one of their registries. Targeted case management will help start the process of connecting persons with TBI with services.
- How does SDS envision implementing the employment part of these efforts in terms of settings requirements? The support plan should reflect that the person has access to opportunities to employment or volunteer activities if that is part of their goals and desires. If they opt out of this and it isn't a goal of theirs, they can opt out.
- Problem with those who are on programs and work a few hours each week – the federal and state entities related to employment are cutting their Medicaid benefits because of this person's income.
- Problems reaching DPA, no response, even agencies who contract with DPA to provide performance based services in the Southeast region.
- What are examples of technology in the lower 48 that are being used to support seniors in their homes? Smart house technology/remote monitoring technology like Rest Assured, sensing devices on doors to alert people about wandering, cameras in kitchens to alert caregivers about stoves left on or other dangerous conditions, medication management apps and social media to alert family members and caregivers of problems or needs or to track daily needs and deviations from those routines; all of these forms of technology will help seniors maintain independence, will lower costs because in person care givers not needed as much.
- Continue to get PCA plans that are so small that agencies are having a hard time to actually provide the services
- Support from waivers and PCA programs for seniors has significantly reduced in Southeast region through assessments, fair hearings and Material improvement review processes. Seniors are moving away because they cannot get services. Hard to get seniors on waiver or PCA services.
- DD grants are so small that they don't provide for much services for IDD people on the DRRR
- Transportation and travel for Care coordination in small communities is too costly; this is an unintended consequence of conflict free care coordination
- State may want to shift some of the funds currently allotted for IDD population over to the senior services side of programs