ACQ DD Waiver Steering Comm.
Minutes October 9, 2019


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1. Welcome and Introductions

2. Review notes

3. Update on Follow Up Actions

   • PCP/ISP discussion- Christina sent out CMS guidelines
   • Behavioral Health System- Referred to the ACQ

4. Native American input

   • HSD described the HSD formal tribal input process
   • Specific recommendations on who to invite to be part of the Steering Comm. (EPIC’s, Coyote Canyon provider and if needed Dungarvin) The co-chairs will reach out to them

5. Reviewed and discussed implications of the listening sessions results

Themes that were identified:

   • Decisions sometimes made without the participant’s awareness or understanding
   • Many participants have not seen their plans
   • The staff say a restriction is in the person’s plan, but this may not be accurate
   • Lack of respect towards the participant
   • Many people want to run their own meeting
• Some agency staff talk about why logistical things cannot happen instead of figuring out what's possible

• Many participants want to run their own life

• Finding and having friends is really important

• Many people want time alone (in their home, etc)

• Staff can be really important in people's lives

Comments from the listening sessions that stood out to members:

• I want to be treated like an adult

• The role paly in ABQ was very powerful

• Why can't people stay home if they're sick?

Issues needing to be addressed:

• Conflicting rules

• Plans that are drafted to appease all the monitors, not what the person is really doing or wants

• How to include people who are less vocal or have significant disabilities

• Too much documentation, not enough time to spend with people

• ISP is a clinical document not a person-centered plan

Recommendations for residential services:

• More flexibility with participation in daily life

• Move away from training/goal orientation to what does someone want in their daily life

• Flexibility within families- living their lives

• Move away from clinical documentation

• Look at someone's daily life and then fit the schedule around that

• Need more flexibility in the ISP process
• Allow for a person’s individual needs- some people are very medically fragile or need a lot of assistance with daily living skills. This should be taken into consideration. They may not want to be out in the community all day.

• Plan individually across the spectrum of people we support

Training needs:

• Need to do a better job of going deeper into person centered approach

• Have self-advocates teach part of the curriculum

• Find out what works well

• Emphasize the Pre-ISP mtg. It’s ok (best) to write in the person’s own words of what they choose. It used to be that the individual filled out some of the plan themselves.

• Now the person’s wishes can be left out by the time the revisions to the ISP are completed.

Direct Support Professional (DSP) Crisis:

• Often there is no possibility of advancement (career ladder) within an agency

• Need to adjust our expectations- the training can be overwhelming

• Need to provide potential job seeker-s a realistic picture of the job and the expectations (one agency shows a movie and 50% of the candidates walk away)

• Need more respect by everybody for the DSP. Sometimes they can mistreat and disrespected

• Staff need to be trained on the basics- meal-time, not talking “baby talk” to individuals etc.

6. Review Focus Group schedule.

• We may only need 2 Focus Groups due to the consolidation of some of the priority areas. Many areas impact and influence the conversation in other areas.

• Therefore, we will cancel the Nov. 5 Focus Group mtg. (Voting Day) and stay with Nov. 4 and Nov. 19.

7. The Nov. 13 Steering Comm. mtg. is cancelled as we will be in the middle of the Focus Groups.
8. Next meeting dates:

November 13, 10:00-12:30 CANCELLED

December 11, 10:00-12:30 at DDPC on 625 Silver Ave. SW Suite 100

January 8, 2020 10:00-12:30 Bank of the West

February 12, 2020 10:00-12:30 Bank of the West

March 11, 2020 10:00-12:30 Bank of the West

Parking Lot:

- Provider meeting to discuss best practices on real person-centered planning and how it works. Members that have expertise in this could share their experiences on how to shift mindsets, business models, etc.

- Nursing and healthcare coordination specific to people with behavioral health needs to be explored during the Standards work.

- There is concern about implementing a new Supports Waiver with the existing provider network.

- Items for the Support Waiver and the DD Waiver Standards: Therap, family education services, creative living care arrangements and transportation, relaxing strict administrative requirements that don’t related to outcomes of people, and provider use of technology for training purposes.

- Direct service professional crisis- need consistent caring people, they need to be treated well and be respected and supported.

- How do we include the voices and needs of people on the waivers that are medically fragile, need more hands-on care?

Action Items:

Co-chairs will contact potential members for Native American representation