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| **Service Experience Team Debrief****ALTSA, Home and Community Services** | **July 14, 2020****Skype call only****9:00 am to 12:00pm** |

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| **Attendees:** |
|[ ]  Brouillard, Adora F (HCS) |[x]  Dronen, Nicole (HCS) |[ ]  Marshall, Kaye (Member) |
|[x]  Carlstrom, Brenda (Member) |  [x]  | Emans, Kelli (HCS) |[x]  Peterson, Isaac (Member) |
|[ ]  Carson, Suzanne (Advocate) |  [x]  | Ferguson, Jennifer (HCS) |[ ]  Plummer, Robert (Member) |
|[x]  Chappell, David (HCS) |[ ]  Harshman, Daniel (Member) |[x]  Rector, Bea (HCS) |
|[ ]  Claffey, Carolyn (Member) |[ ]  Hayward, Heidi (Member) |[ ]   |
|[ ]  Collens, Jesse (Member) |[ ]  Kennedy, Kris (Member rep) |[ ]   |
|[ ]  Collens, Joann (Member rep) |[x]  Leslie, Kim (HCS) |[ ]   |
|[ ]  Conner, Kim (Advocate) |[ ]  Loose, Nathan (Member) |[ ]   |
| **Main Outcome:** |

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| **No** | **Agenda Items**  | **Time** | **Presenter** | **Summary Meeting Notes** |
|  | Welcome and Introductions | 15 min | Nicole/Kelli |  |
|  | Review and approve minutes from January/May meeting | 10 min | Nicole | January & May minutes approved |
|  | Client Cost of Care | 60 min | Jennifer | Jennifer presented PowerPoint presentation. Questions asked after presentation :Q. If we wanted to see changes in deductions and needs allowance amount is that through Legislatiion or who makes those rules?**A. It depends, Personal Needs allowances & max/minimum amounts are set by Legislative and we work with the Federal government to determine if it is amount allowable by the federal government. Amounts that indivuduals are able to keep (residential/inhome) are set by legislative.**Q. I really don’t use a lot of services or resources from my facility that I reside in versus what I pay. I am only allowed to have $70.00 per month in personal needs allowance, which $35.00 of that is for my cell phone and the system does not allow for a person to save resources to be able to become independent. **A. Unfortunately the is not an exception for the personal needs allowance. It is an amount that is set by legislation.** **There is Healthcare for Workers with Disablities if they are in a residneial setting they are still responsible for room and board amount, that does not change, other premimum expense. Does cover long term services supports –residential or inhome. Individuals pay about 7 to7.5% of their income as a monthly premium expense to access the Medicaid program. It allows them to access the same services. What is great about the program, is previously it eneded when individuals turned 65 years of agem, and they made changes in 2020 to remove the age limit and also took away the income limit. An additional benefit is that there is no limit on the amount an individual can save.****There are a lot of providers and advocates that want to make changes in legislation for Personal Allowance Needs, such as AARP, SEIU 775, Disability Rights organization, they may not be pushing in this session due to the budget shortfall and they will be advocating for NO CUTS, but they will be pushing for next session.**  |
|  | Caregiver Training | 60 min | David | Dave went over his PowerPoint presentationQ. How much do you work with the SEIU on what they provide training?**A. We work hand-in-hand with them, we are at this time in the process of approving next generation of their basic trainings. We go step by step beging with Objectives and then final product and we give the final approval on everything.**Q. How long did you say the communication trainings. **A. Communication is a part of the CORE training and that training session is 38 hours.** **David Chappell contact :** **david.chappell@dshs.wa.gov** |
|  | Future Topics  | 20 min | Nicole/Kelli | Due to technical difficulties, we cut the meeting short, but would like to get member feedback on future topics for Septembers meeting: HIPPACOMPLAINTOVER THE COUNTER MEDSPROVIDER ONEKINDS OF CHALLEGNES FOR CAREGIVERSHOW TO BECOME A CAREGIVEROBUDMAS FOR IP’s/AGENCIESACCOMDENATIONSMEDICARE ADVANTAGE Please provide Nicole or Kim feedback on your two topics you would like discussed in the next meeting.  |

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|  | **Action Items/Decisions** |
| **#** | **Action Item** | **Assigned To:** | **Date Assigned:** | **Date Due:** | **Status** |
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