

# ALTSA/DDA/BHA IPAC SUBCOMMITTEE MEETING

Administrations and Divisions:

Home & Community Services (HCS), Residential Community Services (RCS), Behavioral Health Administration (BHA),

Developmental Disabilities Administration (DDA), Division of Behavioral Health and Recovery (DBHR), Office of the Deaf & Hard of Hearing (ODHH

June 9, 2020 from 9 a.m. - noon

No In-Person Locations available.

# Please register for IPAC Subcommittee ALTSA/BHA/DDA on June 9, 2020 starting at 9:00 AM PST at:

https://attendee.gotowebinar.com/register/7982740694599152141

After registering, you will receive a confirmation email containing information about joining the webinar.

Welcome and Introductions – Office of Indian Policy Dr. Marie Natrall/Brenda Francis-Thomas

- Welcoming
- Invocation
- Announcements
- Roll Call

Aging and Long-Term Services Administration – Marietta Bobba; Ann Dahl

- Covid-19 check-in and sharing
- Consumer Directed Employer update Transfer of Home Care Referral Registry responsibilities to CDE Kelly Hudson, ALTSA
- Tribal Initiative Updates:
  - Squaxin Island Tribe
  - Nisqually Tribe
  - o Makah Tribe
  - o Lummi Nation

- American Indian Community Center
- Aging & Disability Resource Center Outreach American Indian Health Commission, Lexie Bartunek, ALTSA
- ACL USDA On-Farm Market Directory Shelly Zylstra, Administration for Community Living
- Input on Revised Fundamentals of Caregiving curriculum Samuel Cooke, ALTSA
- Health Homes
- Adult Protective Services Check-In APS staff
- Cross Agency Desk Aid 2020\_4.29
- FCC Lifeline Program, free cell phone minutes (<u>https://www.lifelinesupport.org/additional-support-for-tribal-lands/</u>)

#### Developmental Disabilities Administration – Justin Chan

- DDA Waiver Updates
- <u>COVID-19 Updates</u>
- 2020 Community Summit Update
- DDA clients with tribal affiliation (self-identified) and receiving DDA services
- Contract with DDA:
  - **Community residential providers** are contracted statewide with the DDA to provide residential services to adult clients. Services include:
    - Supported Living
    - State Operated Living Alternatives
    - Group Training Homes or Group Homes
    - Alternative Living
    - Companion Homes

To receive services an individual must be:

- At least 18 year of age
- Eligible and enrolled in DDA services and Medicaid
- o On or approved for the CORE Waiver or the Community Protection Waiver
- Assessed by DDA as needing services in a supported living setting
- <u>Supported Living</u>: Supported Living services help persons live in their own homes with one to three others and receive instruction and support from contracted service providers. Supports vary from a few hours/month up to 24 hours/day. Services are based on individual need and the sharing supports within a household. Services are offered in integrated settings and support personal power, choice, and full access to the greater community. Individuals pay their own rent, food, and other personal expenses.
- <u>Interested in Becoming a Certified Supported Living Provider?</u> Follow the steps below:
  - Apply for a business license
  - Complete an <u>application</u>

- Mail the complete application packet to Management Services Division, Business Analysis and Application Unit (BAAU) at DSHS.
  - For US Postal Mail: ALTSA BAAU, PO Box 45600, Olympia, WA 98504-5600
  - For Federal Express: ALTSA BAAU, 4450 10th Ave SE (Blake West), Lacey, WA 98503
- o <u>Additional DDA Contracts available to Tribes</u>. See Contracting and <u>Frequently Asked Questions</u>
  - Community Guide and Engagement
  - Positive Behavioral Support and Consultation
  - Environmental Accessibility Adaptations
  - Etc...
- <u>Developmental Disabilities Administration Eligibility</u> To be found eligible as a client of DDA, a person must:
  - Be a Washington State resident;
  - Have evidence of a qualifying developmental disability that began before age 18; and
  - Have evidence of substantial limitations.

The Revised Code of Washington <u>71A.10.020(5)</u> defines a developmental disability as:

- o a disability attributable to intellectual disability, cerebral palsy, epilepsy, autism, or another neurological;
- o other condition of an individual found by the secretary to be closely related to an intellectual disability; or
- to require treatment similar to that required for individuals with intellectual disabilities, which originates before the individual attains age eighteen, which has continued or can be expected to continue indefinitely, and which constitutes a substantial limitation to the individual."
- DDA Eligibility Flow Chart (PDF): An overview of the process to apply for DDA eligibility and services.
  - Intake and Eligibility Complete the required forms and documents. You can request a packet by filling out a <u>Service and</u> <u>Information Request (https://www.dshs.wa.gov/dda/service-and-information-request</u>) or by returning the information listed below:
    - <u>Request for DDA Eligibility Determination Form (14-151)</u>
    - <u>Consent (14-012)</u>
    - <u>Notice of Privacy Practices for Client Confidential Information (03-387)</u>
    - <u>Washington State Voter Registration</u> for applicants age 18 or older
    - Documents that support that you have a developmental disability, as described in <u>DSHS Form 14-459 Eligible Conditions</u> <u>Specific to Age and Type of Evidence</u> such as:
      - Educational records
      - Psychological records
      - Medical records
- For any questions, requests or comments, please reach Justin Chan <u>chanjk@dshs.wa.gov</u> or your <u>Local DDA Tribal Liaison</u>

#### Behavioral Health Administration – Teva Weissman

- COVID-19
- Trueblood Updates: (BHA is would like to continue with meetings and set up chances to work with Tribes through web platforms. Please contact Teva Weissman at <a href="mailto:teva.weissman@dshs.wa.gov">teva.weissman@dshs.wa.gov</a> for more information.
- 7.01 Updates
  - Planning sessions need to be scheduled and rescheduled.

#### Closing

Agenda Items for next meeting:

Future meetings agenda items:

- Dementia Action Collaborative Fact Sheet –AI/AN (input and edits)
- Consumer Directed Employer Trainings for cultural competence

Next meeting is on July 14, 2020 from 9 a.m. to 12 p.m.

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Present	Attendee	Role	Present	Attendee	Role
X	Ann Dahl	ALTSA Tribal Initiative Project Manager	x	Teva Weissman	DSHS BHA
X	Brenda Francis-Thomas	DSHS Office of Indian Policy Region 3 North	Х	Marilyn Scott	Upper Skagit Tribe
X	Marietta Bobba	DSHS ALTSA Tribal Administrator	X	Janet Gone	DSHS OIP
X	Justin Chan	DDA Co-Chair Statewide Tribal Liaison	X	Harmony Roebuck	Puyallup Tribe
Х	Marie Natrall	DSHS OIP	X	Christopher Zilar	Spokane Tribe
Х	Marilyn Scott	Upper Skagit Tribe	X	Charlene Meneely	Quileute Tribe

X	Jeremy Monson	Jamestown S'Klallam Tribe	X	Loni Greninger	Jamestown S'Klallam Tribe
Х	Sara Folsom		X	Samuel Cooke	DSHS ALTSA
Х	Vicki Lowe	AIHC	x	Cindy Gamble	AIHC
Х	Tyron Friday	Nisqually Tribe	X	Raina Peone	НСА
Х	Lexie Bartunek	ALTSA ADRC	X	Paula Hughes	ALTSA APS
Х	Linda Lauch	AICC	X	Jenna Bowman	НСА
Х	Kelly Hudson	DSHS ALTSA	X	Alec Graham	DSHS ALTSA
Х	Nikki Finkbonner	Lummi Nation	Х	Shelly Zylstra	ACL
Х	Nicole Earls	НСА	Х	Ashley Hesse	Indigenous Pact, Inc.

#### Aging and Long-Term Services Administration – Marietta Bobba; Ann Dahl

- Covid-19 check-in and sharing: Upper Skagit Tribe has not had any cases on the reservation. Some tribal members living off reservation have tested positive. Delivery of Elder meal services continues. Nisqually Tribe has not had any cases on the reservation. A facility had an outbreak but it is under control. The tribe is checking temperatures of people coming on the reservation. The casino has reopened. The tribe has adopted a 4 phase reopening plan. Spokane: there has been a spike in cases in the city.
- Consumer Directed Employer update Transfer of Home Care Referral Registry responsibilities to CDE Kelly Hudson, ALTSA. There are
  13 Home Care Referral Registry (HCRR) offices in the state. The registry will be closed due to the decrease in use and the availability of
  Carina, a user friendly on-line tool. Carina assists clients seeking in-home individual providers who are contracted with DSHS to provide
  services. The Consumer Directed Employer (CDE) will align with Carina when it begins providing service as the employer of record for
  individual providers. The CDE roll-out will be done regionally. Timelines are being reworked due to COVID-19 delays. The CDE staff have
  met with ALTSA and OIP to discuss cultural competence training. The discussions and training will resume later in 2020. HCRR fact sheet is
  attached.
- Tribal Initiative Updates:
  - Squaxin Island Tribe: No report this month.
  - Nisqually Tribe: Tribal staff are beginning to return to work. The new adult day program has been closed. The Tribal Initiative contract will be extended through October 2020 to complete deliverables. Elder meals continue to be delivered. Staff is continuing to work on data collection.
  - Makah Tribe: no report.
  - Lummi Nation: Staff is working on a multi-service survey and elder in-home repairs. They are using social media to stay in touch. They have partnered with the tribe's non-profit agency for emergency home repair work. They are responding to the needs of caregivers and those elders and individuals with disabilities who are homebound.

- American Indian Community Center: The AICC is requesting a contract extension due to delays as a result of COVID-19. They have closed down a part of their project preferring to wait until they can schedule talking circles and in person conversation instead of phone conversations. Analysis of software is in process.
- Fall Tribal Summit: the annual summit is scheduled for September at Great Wolf Lodge. Input was sought about moving forward with an in-person conference, switch to a virtual conference or delay until 2021. There was support to move the summit to a virtual conference. Ann Dahl will work with the agenda committee to redesign the conference.
- Aging & Disability Resource Center Outreach American Indian Health Commission, Lexie Bartunek, ALTSA. AIHC has agreed to a
  contract with ALTSA "to assist the Washington No Wrong Door network to build statewide capacity to serve American Indian and Alaska
  Native older adults and individuals with disabilities during the COVID-19 pandemic, including the increased needs that are anticipated
  during the recovery period". Additional funds have been provided by the federal Administration for Community Living. Those funds will
  be added to the AIHC contract. AIHC has already met with the Colville Tribe Area Agency on Aging. Draft work plan is attached.
- ACL USDA On-Farm Market Directory Shelly Zylstra, Administration for Community Living. ACL's Office for American Indian, Alaskan Native, and Native Hawaiian Programs (OAIANNHP) has launched a project to help develop a searchable list of American Indian, Alaskan Native, and Native Hawaiian farmers willing to sell direct to consumers through the United States Department of Agriculture's (USDA) On-Farm Market Directory. On-farm markets are managed by a single farm operator that sells products on their farm or a property next to their farm. Additional information and application form attached.
- Input on Revised Fundamentals of Caregiving curriculum Samuel Cooke, ALTSA. The Fundamentals of Caregiving are used to train DSHS in-home aides and residential service staff. ALTSA is preparing to review and update the curriculum to improve cultural competence, identify and eliminate unconscious bias and support health equity. ALTSA is seeking input from consumers, workers and other interested individuals. The attached description provides specific categories of the curriculum and information on how to participate. Anyone interested in participating can also contact Marietta or Ann. The tribes with home care agencies have been invited to participate in the project.
- Health Homes no report
- Adult Protective Services Check-In Paula Hughes, APS. Last month it was shared that some tribal social service departments were closed and it was difficult to follow communication protocols when investigating a complaint. It was decided that APS would contact DSHS OIP to assist with contacting the tribe if the situation arose. Any tribe interested in developing formal protocols with APS can contact Paula, Marietta or Ann.
- Cross Agency Desk Aid 2020\_4.29 is a resource page with links and contact information for DSHS, health Benefit Exchange and HCA.(attached).
- FCC Lifeline Program, free cell phone minutes (<u>https://www.lifelinesupport.org/additional-support-for-tribal-lands/</u>) Discounts are available for tribes (see attachment and link).
- Upcoming trainings: Back to Basics Education Series from Alzheimer's Association (attached). Also sent out under separate email.

• Preliminary ALTSA reduction proposals for State fiscal year 2021. The recent Tribal Leader letter was discussed. Recommendations for state cost savings are preliminary at this time. Tribal contracts that are paid through 100% federal dollars will not impacted by any program reductions.

#### Developmental Disabilities Administration – Justin Chan

- DDA Waiver Updates Home and Community Based Services Waiver Amendments have been postponed to September 1st.
- Budget Proposals: The COVID-19 virus has had a significant impact on state revenues, requiring substantial budget reductions. On May 13, the Office of Financial Management sent a directive to state agencies to propose options for reducing their General Fund-State (GF-S) expenditures from their current budgets by fifteen percent in state fiscal year 2021, which begins July 1. For DDA, that equates to over \$140 million GF-S. Because nearly all of our expenditures are matched by federal Medicaid matching dollars, the total will actually be around double that amount. A letter is being sent to Tribal leaders that summarizes the proposed reductions.
- The following are some profiles and a story featuring our "Unsung Heroes."
  - Meet some of the heroes working the front lines at the <u>RHCs</u> and some of our contracted <u>Community Residential Providers</u> affected by COVID-19.
- <u>COVID-19 Updates See COVID-19 resources from DDA</u>
- 2020 Community Summit is now virtual https://www.gowise.org/community-summit-webinar-series/?et\_fb=1&PageSpeed=off
- DDA clients with tribal affiliation (self-identified) and receiving DDA services see attached.
- Contract with DDA:
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# Home Care Referral Registry

2019 Fact Sheet | Last updated 10/18/2019 by Kelly A. Hudson

# Program Description

The Home Care Referral Registry (HCRR) connects Washington state residents who receive publicly-funded, inhome care services with pre-screened individual providers of personal and/or respite care. Medicaid-eligible consumers hire and supervise their own home care workers.

Registry Coordinators positioned across the state provide local support and educational materials. They also recruit and pre-screen new providers within their communities, assisting them to initiate an Individual Provider contract with the Department, meet and maintain training and certification requirements, and get matched with interested consumers.

A statewide, online platform called Carina, administered by SEIU 775, supplements the current HCRR data base. Consumers, their family, and qualified providers can create profiles on Carina to find a "match."

# **Eligibility Requirements**

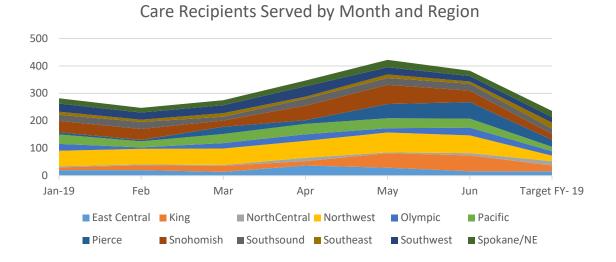
Available statewide to Medicaid-eligible clients and families receiving long-term services and supports through Home and Community Services/Area Agencies on Aging (HCS/AAA) or the Developmental Disabilities Administration (DDA) who choose to hire and supervise their own in-home Individual Providers of respite or personal care.

### Rates

There is no cost to Medicaid participants or providers to use the Registry. When matches are made, in-home personal care service rates range from \$15.00- \$18.15 per hour as of 1/1/19.

### Partners

HCRR works closely with the AAA, DDA, HCS Field Offices, the Training Partnership, and Employment Security Department. They engage with local community advocates and workforce development entities, including Washington's WorkFirst Employment Pipeline, Service Employees International Union, Department of Health, and Public Partnerships, LLC (PPL).



#### New and Reactivated IPs by Month and Region 250 200 150 100 50 0 Jan-19 Feb Mar May Jun Target FY- 19 Apr East Central King NorthCentral Northwest Olympic Pacific Pierce Snohomish ■ Southsound ■ Southeast Southwest ■ Spokane/NE

# **HCRR** Locations



# **Back-to-Basics Education Series**



# Week 1: Alzheimer's Association 101

## June 3, 2020 | 11:00 a.m. - 12:00 p.m.

The Alzheimer's Association is the world's leading voluntary health organization in Alzheimer's care, support and research. Learn more about the Washington State Chapter, local programs, services and events, as well as our vital role in shaping public policy and advancing Alzheimer's research. | <u>REGISTER</u>

# Week 2: Healthy Living for the Brain and Body

### June 10, 2020 | 12-1:30 p.m.

Join us to learn about research in the areas of diet and nutrition, exercise, cognitive activity and social engagement, and use hands-on tools to help you incorporate these recommendations into a plan for healthy aging. | <u>REGISTER</u>

# Week 3: Understanding Alzheimer's and Dementia

### June 15, 2020 | 3-4:00 p.m. PDT

Alzheimer's is not a normal part of aging. It's a disease of the brain that causes problems with memory, thinking and behavior. Join us to learn about the differences of Alzheimer's & dementia and more. | <u>REGISTER</u>

# Week 4: 10 Warning Signs of Alzheimer's

### June 25, 2020 | 1-3:00 p.m.

Alzheimer's is not a normal part of aging. It's a disease of the brain that causes problems with memory, thinking and behavior. Join us to learn about the differences of Alzheimer's & dementia and more. | <u>REGISTER</u>

# Week 5: Lo Básico

#### 30 de Junio, 2020 | 4-5:30 p.m.

Lo Básico: La Pérdida De Memoria, La Demencia, Y La Enfermedad de Alzheimer es un taller presentado por la Asociación de Alzheimer, para cualquier persona a quien le gustaría saber más sobre la enfermedad de Alzheimer y las demencias relacionadas. | <u>REGISTRARSE</u>

For a full list of educational webinars in June, visit: alzwa.org/education

Learn more and register today! 1.800.272.3900 or alzwa.org/education

# ACL Project Connects Tribes to USDA On-Farm Market Directory

Administration for Community Living sent this bulletin at 06/04/2020 02:45 PM EDT

Having trouble viewing this email? View it as a Web page.

News & Events



# Project Connects Tribes to USDA On-Farm Market Directory

ACL's Office for American Indian, Alaskan Native, and Native Hawaiian Programs (OAIANNHP) has launched a project to help develop a searchable list of American Indian, Alaskan Native, and Native Hawaiian farmers willing to sell direct to consumers through the United States Department of Agriculture's (USDA) <u>On-Farm Market</u> <u>Directory</u>. On-farm markets are managed by a single farm operator that sells products on their farm or a property next to their farm.

OAIANNHP has developed a quick, easy <u>application for farmers of federally</u> <u>recognized tribes</u>.

Developing a searchable list through USDA's Directory may benefit Title VI programs in the following ways:

- Ensuring there is a viable marketplace available to find and purchase fresh, inseason products to serve to elders while also supporting local economies.
- Locating traditional, culturally important foods that are difficult to find otherwise.
- Providing a reliable, alternative source of local food vendors in times of crisis or economic instability.
- Ensuring farmers are properly identified and searchable by one of the following keywords: American Indian, Alaskan Native, or Native Hawaiian.
- Resulting in the creation of more targeted directories for Title VI programs.

Learn more about the Directory and Title VI.



"Improving Indian Health through Tribal-State Collaboration"

#### Critical Relief Funds for COVID-19 Pandemic Response Aging and Long-Term Support Administration No Wrong Door Network May 5, 2020

Funder: Aging and Disability Resource Center/No Wrong Door System Funding Opportunity from Administration for Community Living. The grant to Washington is guaranteed and the amount of funding is pre-determined. Funding will be used by DSHS/ALTSA to support AAAs statewide. Funds have been specified for Tribal/Urban Indian specific work.

# WORK PLAN

#### **AIHC Purpose**

To assist the Washington State No Wrong Door network to build statewide capacity to serve American Indian and Alaska Native older adults and individuals with disabilities during the COVID-19 pandemic, including the increased needs that are anticipated during the recovery period

# Key Activities

1. Planning and Coordination –working with ITUs and partners to ensure continuous communication, coordination, and consultation are carried out as appropriate throughout the project.



Activities to prepare and plan for increased capacity to address needs during the COVID-19 pandemic and recovery period.

Identify Planning Committee: Marietta Bobba, Ann Dahl and AIHC.

- 2. Outreach and Engagement reaching out to 29 Washington tribes and three Urban Indian Health Programs to gauge current understanding of and engagement with the local Area Agency on Aging (AAA) or the local agencies on aging; provide information, updates, and ways to engage (Tribal Council members, Health and/or Social Services Directors, Elders Program staff, Disability Program Staff, Elders and Community Members, Tribal Assisters, CHRs and other providers) throughout the project.
- 3. Facilitation of Regional Planning and Information Gathering Sessions. Structure meeting to meet with Tribal Council, community members and staff in the morning with the addition of local AAA and other partners in the afternoon sessions. The purpose of these meetings will be to help both the Tribes and UIHOs understand the structure and programs of the local AAA and for the AAAs to understand Tribal and UIHO programs offered to Elders and those with disabilities.

"Improving Indian Health through Tribal-State Collaboration"

- 4. Guidance, Technical Assistance and Professional Development Training to ALTSA, ADCRs, AAAs and Tribes to ensure the needs of the Tribal/Urban Indian communities are known and addressed.
- 5. Guidance and Technical Assistance to Tribes/UIHPs to ensure access to services and eligibility are known.

#### **Work Plan Components**

#### Partners

🚯 aihc

- Tribes/UIHPs (including: Tribal Leaders (Council Members), Health and Social Services Directors, Traditional Healers, Elder Program Staff, Disability Program Staff, Tribal Assisters, Tribal and Urban Indian Community Elders and Community Members, Tribal Assisters, Tribal Home Visitors, CHRs (CHAs/CHWs), and other providers)
- Aging and Long-Term Support Administration
- Office of Indian Policy
- Statewide Health Insurance Benefits Advisor (SHIBA) Program
- Wisdom Warriors
- Urban Indian Community Centers
- Other organizations as identified in the regional meetings
- Aging and Disability Resources Centers (ADRC)/Area Agencies on Aging (AAA)
  - 1. Olympic Area Agency on Aging
  - 2. Northwest Regional Council
  - Snohomish County Senior Services
  - 4. Aging and Disability Services
  - 5. Pierce County Aging and Disability Resources
  - 6. Lewis Mason Thurston Area Agency on Aging
  - Area Agency on Aging and Disabilities of Southwest Washington
  - 8. Aging and Adult Care of Central Washington
  - 9. Southeast Washington Aging and Long-Term Care
  - 10. Yakama Nation Area Agency on Aging
  - 11. Aging and Long-Term Care of Eastern Washington
  - 12. Colville Indian Area Agency on Aging
  - 13. Kitsap County Division of Aging and Long-Term Care



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#### Pulling Together for Wellness Framework (PTW)

The PTW framework will be applied to this project as it relates to each activity. The PTW is a tribally driven, culturally grounded framework developed through the guidance of Tribal and Urban Indian Leadership in Washington State. The use of the framework will ensure appropriate principles and effective strategies are applied with the intention of honoring cultural distinctions and building trusting relationships.

#### VALUE STATEMENT

To achieve <u>health equity for American Indian and Alaska Native Elders and individuals with</u> <u>disabilities</u>, it is paramount to acknowledge the diversity of belief systems--principles that help to interpret everyday life. We acknowledge that discrimination and oppression have led to the uneven distribution of benefits and burdens in our communities and among our people.<sup>1</sup> Not all peoples have the same historic and cultural backgrounds. We honor that there is more than one belief system and accept that the values, knowledge, and behavior of a people must be understood within their own story and cultural context. Acceptance is the opposite of oppression.

#### Training

PTW Tribal/Urban Indian Competency Domains for Effective Tribal/Urban Indian Health Planning, Research, and Implementation:

- 1. Introduction of components of the Pulling Together for Wellness framework.
- 2. Gain knowledge of Tribal sovereignty, treaty rights and tribal jurisdiction (including Gov't-to-Gov't relationships).
- 3. Gain knowledge of the Indian, Tribal and Urban Indian Health System (I/T/U).
- 4. Introduction of Native epistemology and cultural humility.
- 5. Gain understanding of the importance of Tribal/Native history of the region.
- 6. Introduction to Generational Clarity: understanding of how the historical experience of AI/ANs connects to Intergenerational Trauma, ongoing discrimination, racism, Adverse Childhood Experiences (ACE) and resilience based on historical and intergenerational transmission of experiences, strengths, and culture.
- 7. Introduction to health equity and the existing disparities experienced by Native people from a social determinants and health and social justice lens.

<sup>&</sup>lt;sup>1</sup> Washington State Equity Task Force, Preliminary Report, Definition of 'Equity'. Developing, strengthening, and supporting policies and procedures that distribute and prioritize resources to those who have been historically and currently marginalized, including tribes. It requires the elimination of systemic barriers that have been deeply entrenched in systems of inequality and oppression. Equity achieves procedural and outcome fairness, promoting dignity, honor, and respect for all people.



"Improving Indian Health through Tribal-State Collaboration"

#### **Regional Planning and Information Gathering – PTW Framework Alignment**

1. Outreach & Engagement	<ul> <li>PTW - Tribally-driven Cultural Context</li> <li>Elder/Community Voice</li> <li>Partnership Development- Communication Protocols</li> <li>Individual Motivations for Involvement - PTW partnership building tool</li> <li>Identification of Collective Agenda/Interest</li> <li>Methods of the meetings/gatherings in light of COVID-19</li> </ul>				
2. Identify the Best Existing Data and additional Data Needed	<ul> <li>Identify data needed to clarify, understand, and track needs - (Quantitative)</li> <li>Stories to be helpful to clarify barriers, and needs, etc (Qualitative)</li> <li>Create a map of AAA regions/Tribal Service Areas (counties in tribal territories)</li> <li>Identify what AAAs currently track on AI/AN population they serve</li> </ul>				
3. Regional Gathering Sessions	<ul> <li>Identification of Key Topics and Questions</li> <li>Process to understand what is working, what needs or gaps in services exist, and what hopes the tribes/communities have</li> <li>Data/Stories - both Quanitative and Qualitative Data</li> </ul>				
4. Report and Disseminate Findings and Recommendations	• Ensuring continuous communication and engagement - "Telling the Story" - identifying tools to engage continously in the progress of the work				
5. Conclusion and Planning Next Steps	<ul> <li>Identify potential policy and systems changes</li> <li>Ensuring Tribally-driven cultural context (PTW Policy, System, Environmental approach)</li> <li>Who, what, where, when, and how (part of findings)</li> </ul>				

#### 1. Outreach & Engagement

- PTW Tribally-driven Cultural Context
- Elder/Community Voice
- Partnership Development- Communication Protocols
- Individual Motivations for Involvement PTW partnership building tool
- Identification of Collective Agenda/Interest
- Methods of the meetings/gatherings in light of COVID-19

#### 2. Identify Existing Data and Data Needs

- What data is needed to clarify, understand, and track needs (Quantitative)
- What stories would be helpful to clarify barriers, needs, etc. (Qualitative)
- Create a map of AAA regions/Tribal Service Areas (counties in tribal territories)
- Identify what AAAs currently track on AI/AN population they serve



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#### 3. Regional Gathering Sessions

- Process to understand what is working, what needs or gaps in services exist, and what hopes the tribes/communities have
- Data/Stories both Quantitative and Qualitative Data
- Develop standard forum questions to be used throughout all convenings.
- Identification of Key Topics and Questions

#### Key Topics Identified in Grant Proposal:

- Workforce and consumer technology facilitating telecommunication and implementing proactive Information and Assistance outreach to combat social isolation.
- Focused (Targeted) outreach to Native American/Alaska Natives.
- Emergent needs of consumers affected by COVID-19. This could include, rent, grocery, utility assistance, and assistive technology as well as other needs.
- Enhancement of the public facing website and statewide resource directory with current vendor RTZ to assist both staff and consumers throughout the crisis and during recovery period.

# Below are additional topics. More staff work is planned to identify issues and present a completed and condensed list of relevant priority issues for discussion.

- 1. What problems are AI/ANs having accessing health and social services outside the Tribal/AI/AN system?
- 2. Gaps and barriers, challenges in access to services, assistance, supplies, etc.
- 3. Suggested services and potential changes to improve day to day life.
- 4. Home Safety Needs.
- 5. Access to healthy and traditional foods.
- 6. Access and promotion of physical activity (fall prevention, arthritis support and management).
- 7. Workforce capacity including Tribal Assisters, Home Visitors, CHR (CHA, CHW).
- 8. Current structures, operations, policies that present barriers to services.
- 9. Best way for AAAs/ADRC's to work with Tribes/UIHPs to address identified issues.
- 10. Historical and current issues in building improved partnerships between Tribes/UIHPs and other regional support agencies (AAAs, ADRCs, etc.).
- 11. Conducting application assistance, assessments, person-centered planning, care coordination, transitional services, and follow-up to ensure the safety of the workforce and continuity of services.
- 12. American Indian/Alaska Native populations most at risk for COVID-19, including the support of hospital to home care transition or SNF to home care transitions.
- 13. Ensure information to Tribes/UIHPs regarding services provided that are at capacity or in danger of being stopped due to increased COVID-19 demands.
- 14. Channels of communication between Tribes/ADRCs

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# 4. Report and Disseminate Findings and Recommendations including roles and responsibilities

• Ensuring continuous communication and engagement - "Telling the Story"- identifying tools to engage continuously in the progress of the work

#### 5. Conclusion and Planning Next Steps

- Identify potential policy and systems changes
- PTW Ensures a Tribally driven, cultural context (PTW Policy, System, Environmental approach)
- Who, what, where, when, and how (part of findings)
- Work plan to implement findings based upon availability of continued funding

#### Timeframe

🕒 aihc

12-month grant Start and End Dates: To be Announced

#### **Project Primer Resources:**

#### AIHC Resources

- 1. <u>AIHC Website (last accessed 5-9-20)</u>
- 2. AIHC Regional Meetings: Tribal Services Profiles (last accessed 5-9-20) <u>https://aihc-wa.com/aihc-regional-meetings-tribal-services-profiles/</u>
- 3. American Indian Health Commission, (2017). ACH-Tribal-UIHP Partnership Guidance and Recommendations ACH <u>Communication Protocols</u> (last accessed 5-9-20)

#### **DSHS** Resources

- 4. Office of Indian Policy, Department of Social and Health Services (last accessed 5-11-20) https://www.dshs.wa.gov/office-of-the-secretary/indian-policy
- 5. DSHS American Indian Administrative Policy 7.01 and Plans (last accessed 5-11-20) <u>https://www.dshs.wa.gov/office-of-the-secretary/american-indian-administrative-policy-701-and-plans</u>

#### State Law

6. Health Care Authority and American Indian Health Commission on behalf of Governor's Indian Health Council, (2018). Improving Indian Health Care in Washington State. (last accessed 5-8-20)

https://app.leg.wa.gov/ReportsToTheLegislature/Home/GetPDF?fileName=Report%20-%20Governor%27s%20Indian%20Health%20Council%20Improving%20Indian%20Health %20Care%20i...6f773806-693e-4c77-91e2-5365ee7a4427.pdf

 Governor's Office of Indian Affairs – State-Tribal Relations Centennial Accord, (last accessed 5-9-20) <u>https://goia.wa.gov/relations</u>

# 🚯 aihc

# American Indian Health Commission for Washington State

"Improving Indian Health through Tribal-State Collaboration"

#### Federal Law

- 8. Indian Health Care Improvement Act, Indian Health Services, (last accessed 5-9-20) https://www.ihs.gov/ihcia/
- 9. Office of Indian Services, Bureau of Indian Affairs, U.S. Department of the Interior Indian Affairs, (last accessed 5-9-20) <u>https://www.bia.gov/bia/ois</u>
- 10.Older American Act, (last accessed 5-9-20) <u>https://acl.gov/about-acl/authorizing-statutes/older-americans-act</u>

# alzheimer's S association<sup>®</sup> Dementia Caregiving & COVID-19 Webinar Series

# Week 1: Legal Considerations | Jen Ballantyne, JD

## June 10, 2020 | 10:30 - 11:30 a.m.

Can my loved one's care community legally prohibit visitation? What should I know about Power of Attorney documents? Elder Law Attorney Jen Ballantyne addresses these concerns and many more. | <u>REGISTER</u>

# Week 2: Self-Care for Caregivers During COVID-19 | Darrelle Volwiler, PhD June 17, 2020 | 10:30 - 11:30 a.m.

Caregivers are often so busy giving care to others they forget to care for themselves. With changes brought on by COVID-19, making time for self-care may seem impossible. Learn helpful tips for caring for yourself while you care for your loved one. | <u>REGISTER</u>

# Week 3: Coping With Loss and Change During COVID-19 | Ann Allen, MSW June 24, 2020 | 10:30 - 11:30 a.m.

Everyone is familiar with grief and loss, but compounded with COVID-19, this may look a bit different. From the loss of normalcy and routine to the loss of visiting loved ones, Ann Allen addresses how to cope with change and loss in the midst of the pandemic. | <u>REGISTER</u>

# Week 4: Caring for People With Dementia in Long-Term Care Facilities During COVID-19 | Barb Lewis, LPN

# July 1, 2020 | 10:30 - 11:30 a.m.

Window visits, Skype meetings and phone calls: having a loved one in a long-term care facility has changed drastically in the wake of COVID-19. Learn how to navigate your loved one's care remotely and what to expect from long-term care facilities. | **REGISTER** 

# Week 5: COVID-19 Guidance and Tips for Dementia Caregivers | Anita Chopra, MD

# July 8, 2020 | 10:30-11:30 a.m.

How do I explain COVID-19 to my loved one with dementia? How do I keep them safe, healthy, and at home during the pandemic? Dr. Anita Chopra will address these questions and many more. | <u>REGISTER</u>

# Register today! 1.800.272.3900 or <u>alzwa.org/covidcare</u>

# Cross Agency Desk Aid

Department of Social and Health Services				Health Benefit Exch	Health Care Authority		
Community Services Division	Lon	and Long-Term Support Administration g-Term Services and Supports (LTSS)		Washington Healthplanfinder Customer	Lead Organizations	Medical Assistance Customer Service	Medical Eligibility Determination Service
Customer Service Contact Center	Adult Protective Services (APS)	Home & Community Services (HCS)	Residential Care Services (RCS)	Support Center	Navigators	Center (MACSC)	(MEDS)
<b>1-877-501-2233</b> 1-877-980-9220 (Answer Phone) <b>Apply here:</b> <u>www.washingtonconnection.org</u> 1-888-338-7410 (FAX)	Report abuse, abandonment, neglect, self- neglect or financial exploitation of a vulnerable adult: 1-877-734-6277, or 1-866-ENDHARM, or www.dshs.wa.gov/altsa/reportadultabuse	Find your local HCS office: intra.altsa.dshs.wa.gov/hcs/maps.htm Apply for HCS programs: www.washingtonconnection.org 1-855-635-8305 (FAX)	Report abuse or neglect in a licensed/certified setting: <b>1-800-562-6078</b> www.dshs.wa.gov/altsa/reportadultab <u>use</u>	1-855-923-4633 1-855-627-9604 (TTY) customersupport@wahbexchange.org http://www.wahealthplanfinder.org 1-360-841-7620 (FAX)	Lead Organization Contact Information available at: www.wahbexchange.or g/partners/navigators/	1-800-562-3022 fortress.wa.gov/hca/p1conta ctus/	1-800-562-3022 fortress.wa.gov/hca/p1conta s/
Apply for, report changes or renew Food and Cash programs (SNAP, EBT, ABD/ HEN Referral, TANF/WorkFirst, Refugee Assistance) Apply for Classic Medicaid programs, SSI, 65+, and disabled Request an appeal of Classic Medicaid, Food and Cash programs WASHCAP (Food for households whose only income is SSI or combination of SSI/SSA) 1-877-380-5784 For additional application assistance refer to the Public Access Directory for community partners: www.washingtonconnection.org/home/ publicaccessdirectory.go Constituent Relations 1-800-865-7801 Employment Pipeline www.dshs.wa.gov/sites/default/files/E SA/csd/documents/EP%20Brochurev1 2019.pdf Child Care Subsidy Program 1-844-626-8687 *see page 3	<ul> <li>APS is responsible for:</li> <li>Investigating allegations of mistreatment of vulnerable adults living in their own homes, and in facilities and residential programs licensed or certified by DSHS</li> <li>Providing protective services with consent of the vulnerable adult that may include: <ul> <li>Assistance with protection orders</li> <li>Petitioning for guardianship</li> <li>Referrals for legal assistance</li> <li>Referrals for case management, in- home or residential care, or to other agencies</li> </ul> </li> <li>Coordination with law enforcement if criminal activity is suspected</li> <li>Any person with an initial substantiated APS finding has a right to due process to challenge the finding. If the APS finding is upheld after due process is exhausted and the finding becomes final, the person's name is placed on the Aging and Disability Services Registry.</li> </ul>	<ul> <li>HCS determines and maintains the following programs:</li> <li>LTSS for institutional and community settings, such as: <ul> <li>Nursing facilities</li> <li>In-home</li> <li>Assisted living</li> <li>Adult family home</li> </ul> </li> <li>HCS Waiver services: <ul> <li>Community First Choice (CFC)</li> <li>COPES</li> <li>Medicaid Person Care (MPC)</li> <li>New Freedom (King and Pierce counties only)</li> <li>PACE</li> <li>Residential Support Waiver (RSW)</li> <li>Roads to Community Living (RCL)</li> </ul> </li> <li>Caregiver services: <ul> <li>Tailored Supports for Older Adults (TSOA)</li> <li>Medicaid Alternative Care (MAC)</li> </ul> </li> </ul>	RCS is responsible for the licensing/certification and oversight of the following: Nursing facilities Adult family homes Assisted living facilities Intermediate care for individuals with intellectual disabilities Enhanced services facilities Certified community residential services & supports To search for a licensed home in your area, visit www.dshs.wa.gov/altsa/residential- care-services/residential-care- services, select the setting and then the locator link. To find an RCS office near you, visit www.dshs.wa.gov/altsa/residential- care-services/residential-care- services.	<ul> <li>Apply for or renew health care coverage         <ul> <li>Help navigating the application</li> <li>Report a change to your application</li> <li>Report a customer issue or a system error</li> </ul> </li> <li>Health Insurance Premium Tax Credit (HIPTC) questions</li> <li>Qualified Health and Dental Plans (QHP/QDP) eligibility, enrollment, and questions         <ul> <li>1095-A questions</li> </ul> </li> <li>Request an appeal for denial of HIPTC/QHP, Special Enrollment: www.wahbexchange.org/appeals or call 1-855-859-2512 for information</li> <li>Locate an HBE Navigator or Broker</li> <li>Help is available in 175 languages         <ul> <li>Language and disability accommodations are provided at no cost</li> </ul> </li> </ul>	For planned maintenance and outages, visit <u>Healthplanfinder Status</u> <u>Center:</u> <u>Outages &amp; Maintenance I</u> <u>Washington Health Benefit</u> <u>Exchange - Washington</u> <u>Health Benefit Exchange</u> <u>Email</u> <u>navigator@wahbexchang</u> <u>e.org</u> • For questions about becoming a Navigator • To request outreach materials and presentations	<ul> <li>Apple Health benefit coverage questions</li> <li>Provider billing and claims questions</li> <li>ProviderOne Client Services Card*</li> <li>Apple Health Managed Care enrollment and questions*</li> <li>*Self-service option: www.waproviderone.org/cl ient</li> </ul>	<ul> <li>Apple Health Modified Adjusted Gross Income (MAGI) Medicaid eligibilit questions (families, children, pregnant women and single adults)</li> <li>Post-Eligibility Case Review questions or report changes</li> <li>Apple Health for Kids premium payment questions (CHIP)</li> <li>Request an appeal for Apple Health Programs</li> </ul>
urs of operation: 8 a.m. – 5 p.m., nday – Friday (except state holidays). erview hours: 8 a.m. – 3 p.m. ggested script: "Please have your Client or Social Security Number available."	Hours of operation: 8 a.m. – 5 p.m., Monday – Friday (except state holidays). After hours online reports/voicemail messages are responded to on the next business day. For more information, go to: https://www.dshs.wa.gov/altsa/home-and- community-services/adult-abuse-and- prevention	TANF/Food) Hours of operation: 8 a.m5 p.m., Monday – Friday (except state holidays)		Hours of operation: Mon – Fri 7:30 a.m. – 5:30 p.m. (except some state holidays). Extended hours may be offered leading up to deadlines. During other hours, visit: <u>Contact Us   Washington Health Benefit</u> <u>Exchange - Washington Health Benefit Exchange</u> Suggested script: "Please have your HPF application ID or Social Security Number available."	Hours of operation are generally 8 a.m. – 5 p.m., Monday – Friday (except holidays). Suggested script: <i>"For</i> application issues, please have the HPF application ID available."	Hours of operation: 7 a.m. – 5 p.m., Monday - Friday (except state holidays). Suggested script: "Please have your Client ID or ProviderOne ID available."*	Hours of operation: 8 a.m. – 5 p.m. Monday - Friday (except state holidays). Suggested script: "Please have your Client, ProviderOne, or applicate ID number available."

Transforming lives













Departme	ent of Social and Health Services	Office of Insurance	Commissioner (OIC)	Heath Care Aut	thority
Division of Child Support (DCS)	Developmental Disabilities Administration (DDA) Long-Term Care Specialty Unit	Consumer Advocacy	Statewide Health Insurance Benefits Advisors (SHIBA)	Division of Behavioral Health and Recovery (DBHR)	Foster Care Medical Unit (FCMT)
1-800-442-5437 (KIDS) www.dshs.wa.gov/dcs/	1-855-873-0642 Apply for Specialty Unit programs: www.washingtonconnection.org 1-855-635-8305 (FAX)	1-800-562-6900 www.insurance.wa.gov/	<b>1-800-562-6900</b> https://www.insurance.wa.gov/s hiba	1-360-725-1500 www.hca.wa.gov/mental-health-and-addiction-services	1-800-562-3022 ext. 15480
<ul> <li>Establish paternity and parentage and child support orders</li> <li>Collect / Distribute child support</li> <li>Employer support</li> <li>Negotiate payment plans</li> <li>Payment/EFT options 1-800-468-7422</li> <li>Hearings and conference boards</li> <li>Outreach to community partners and stakeholders</li> <li>Modify orders</li> <li>Employer new hire reporting</li> <li>Community Relations Unit 1-800-457-6202</li> <li>Alternative Solutions Program Toll free 1-800-604-1146</li> <li>AlternativeSolutions@dshs.wa.gov</li> </ul>	The Specialty Unit manages Medicaid programs for clients living in a variety of settings, receiving:	<ul> <li>Complaints against insurances companies, claim denials, poor service, coverage, cancellations, etc.</li> <li>Insurance options</li> <li>Legal rights: insurance laws &amp; regulations</li> <li>Health insurance appeals</li> <li>Complaints against insurance agents / brokers / producers</li> <li>Insurance fraud</li> </ul>	<ul> <li>coverage options and rights: Original Medicare, Medicare Advantage, prescriptions and Medigap plans</li> <li>Evaluate and compare Medicare plans</li> <li>Medicare plans</li> <li>Medicare coordination with Medicaid (dual), state &amp; federal government retirees, veterans, private plans and HBE</li> <li>Medicare Savings Program &amp; low-income subsidies</li> </ul>	<ul> <li>Medicaid Enrollees</li> <li>To apply for Washington Apple Health (Medicaid) coverage, visit <u>Washington</u> <u>Healthplanfinder</u> or call 1-855-923-4633.</li> <li>Mental Health <u>Crisis</u> Services: <ul> <li>For a life-threatening emergency: Call 911</li> <li>For suicide prevention: Contact the National Suicide Prevention Lifeline at 1-800-273-8255 (TRS: 1-800-799-4889)</li> <li>For 24/7 free, confidential emotional support and referrals to crisis services contact the <u>Washington Recovery Help Line</u> at 1-866- 789-1511 or the <u>mental health crisis line in</u> your area</li> </ul> </li> <li>How to Get Services: <ul> <li>If you are currently an Apple Health client and are seeking mental health services, contact your <u>managed care plan</u></li> <li>If you are not enrolled in managed care, contact the <u>Health Care</u> <u>Authority</u></li> </ul> </li> </ul>	<ul> <li>These clients include children and youth:</li> <li>Under the age of 21 who are in foster care</li> <li>Under the age of 21 who are receiving adoption support</li> <li>Age 18 to 26 years old who aged out of foster care on or after their 18<sup>th</sup> birthday</li> </ul> Apple Health Foster Care: <ul> <li>Eligibility inquiries</li> <li>Request a ProviderOne Services Card</li> <li>Request enrollment or disenrollment from Managed Care</li> </ul> Apple Health Foster Care managed care program Contact: <ul> <li>HCAMCprograms@hca.wa.gov</li> <li>Questions about Coordinated Care of WA (CCW)</li> <li>Inquiries about CCW's Apple Health Core Connections</li> <li>Provider questions</li> </ul>
Hours of operation: 8 a.m. – 5 p.m., Monday - Friday (except state holidays)	holidays)	Hours of operation: 8 a.m. – 5 p.m., Monday – Friday (except state holidays)		Hours of operation: 8 a.m. – 5 p.m., Monday - Friday (except state holidays)	Hours of operation: 8 a.m. – 5 p.m., Monday - Friday (except state holidays)
<b>Suggested script</b> : "Please have your Case Number, or Social Security Number available."	<b>Suggested script:</b> "Please have your Client ID or Social Security Number available."		Suggested script: "Please have your Client ID or ProviderOne ID available."		
///// 8	Washington State Department of Social & Health Services forming lives	OFFICE of the INSURANCE COMMISSIONER WASHINGTON STATE	OFFICE of the INSURANCE SHIBA	Health Care	uthority



# **Cross Agency Desk Aid**

**Referral Communications Committee** - Last Updated 4/29/2020

		Ad	ditio	onal Supports	
•	<b>2-1-1</b> 1-877-211-9274 7-1-1 (relay service) <u>www.211.org</u> Provide information and referral for community resources and volunteer opportunities. Support community-based organizations network.	Answer Phone 1-877-980-9220 Automated system where clients can check their DSHS benefits • Obtain case status and payment information • Hear information about your child care benefits • Check voice messages left by your worker	•	COFA Islander Health Care Email: <u>cofaquestions@hca.wa.gov</u> Phone: 1-800-547-3109 Online: <u>www.hca.wa.gov/cofa</u>	A se disa opti
• • •	Department of Children, Youth & Families www.dcyf.wa.gov Report child abuse or neglect Find a form or publication Find an office Child Care Aware of WA Family Center 1-800-446-1114 Apply for Child Care Subsidy Program 1-844-626-8687   FAX 1-877-309-9747	Department of Commerce Locate Homeless Prevention and Assistance/Statewide Coordinated Entry Points for Housing	•	Fidelity Information System (FIS) 1-888-328-9271 (24hrs) <u>http://www.ebtedge.com</u> EBT Card Replacement and Balance Information Change PIN number Client will need their EBT card number and Social Security	•
	I-344-020-3037 [FAX I-377-309-9747 www.WashingtonConnection.org Mail: PO Box 11346 Tacoma WA 98411-9903 Long-Term Care Ombudsman Program 1-800-562-6028 TTY: 1-800-737-7931 www.waombudsman.org Protect, promote and advocate for residents in nursing homes, adult family homes, and assisted living facilities. Report mistreatment of residents in facilities.	<ul> <li>How to report Medicaid fraud</li> <li>You can help prevent misuse by reporting suspected Medicaid fraud for the following:</li> <li>Recipients of Apple Health (Medicaid) coverage If you suspect someone is fraudulently reporting their circumstances to receive Washington Apple Health (Medicaid) coverage, please notify WAHEligibilityFraud@hca.wa.gov</li> <li>Medicaid Providers Suspected Medicaid Provider fraud may be reported by calling 1-800-562-6906 or emailing hottips@hca.wa.gov</li> <li>Children's institutional Medical (K01) Email Health Care Authority at K01APP@hca.wa.gov</li> </ul>	•	Tribal Resources HBE- Tribal Liaison – Deborah Sosa <u>tribal.liaison@wahbexchange.org</u> HCA- Tribal Affairs Administrator – Jessie Dean <u>tribalaffairs@hca.wa.gov</u> DSHS Indian Policy: www.dshs.wa.gov/sesa/indian-policy	The a W •











### **Community Living Connections**

www.waclc.org

service network that assists older adults, persons with isabilities and caregivers to connect with services and support ptions in the local community.

Go to www.waclc.org/connect or call 1-855-567-0252 to find a local site.



Office of Financial Recovery 1-800-562-6114

**DSHS** Overpayments Premium Payments Estate Recovery

> The Women, Infants, and Children Nutrition Program (WIC)

here are over 200 WIC clinics across Washington State. To find WIC clinic near you:

Call the Family Health Hotline 1-800-322-2588 Text "WIC" to 96859

resources.parenthelp123.org/services/wic-nutrition-programfor-women-infants-children





# VIRTUAL EVENT

The Alzheimer's Association Washington State Chapter proudly presents:

# Approaching Alzheimer's with Health, Hope and Help



# Kristoffer Rhoads, PhD

Alzheimer's Regional Conference

Neuropsychologist/Associate Professor, Department of Neurology Harborview Medical Center/ University of Washington School of Medicine

alzheimer's  $\Omega$  association<sup>®</sup>

2020

**June 25, 2020** 12:00 - 1:00 p.m.

Now more than ever, it is critical for people living with Alzheimer's disease or other dementia to stay healthy, active and engaged. How do we approach Alzheimer's with health, hope and help — especially during these difficult times? Dr. Rhoads will offer tips and strategies, as well as information about local resources to help people stay socially connected while physically apart.

The webinar will be hosted live with time for Q&A. All registered participants will receive a recorded version afterward to watch at their convenience. This event is suitable for anyone living with or caring for someone with Alzheimer's disease or dementia, including family caregivers and health care professionals.

Register online today! alzwa.org/register

Questions? Please contact Joel Loiacono at: jloiacono@alz.org or (509) 321-4581

#### LOGO

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#### STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES Aging and Long-Term Support Administration PO Box 45600, Olympia, Washington 98504-5600

June 5, 2020

Dear Tribal Leader,

The COVID-19 virus has had a significant impact on state revenues. On May 13, the Office of Financial Management (OFM) sent a <u>directive</u> to state agencies to propose preliminary options for reducing their General Fund-State (GF-S) expenditures from their current budgets by fifteen percent in state fiscal year 2021, which begins July 1. For the Aging and Long-Term Support Administration (ALTSA), that equates to over \$220 million General Fund-State dollars and approximately \$400 million in total dollars as nearly all of our expenditures are matched by federal Medicaid matching funds.

These potential reductions are truly devastating and reflect an economic downturn expected to match or exceed that of the Great Recession. In completing the directive set forth by OFM, we followed a few key principles that align with our Mission, Vision and Values:

- 1. Ensure that our clients with the greatest need continue to receive services;
- 2. Continue our priority of safety and protection of vulnerable adults;
- 3. Preserve our services to the greatest extent possible;
- 4. Preserve our workforce by proposing furloughs and implementing hiring, travel and purchasing freezes to avoid complete job loss.

As a reminder, this is just the beginning of this discussion and we welcome your feedback and ideas for measures required to meet the reduction target. The following are the reduction categories we are proposing with savings estimates for state fiscal year 2021:

- 1. **Client Eligibility:** Elimination of the optional Medicaid Personal Care (MPC) state plan program. Increasing the level of functional need required to meet Nursing Facility Level of Care in Washington's Medicaid state plan and waivers will decrease the number of Medicaid clients in home and community residential settings by approximately 20,500 people; nursing home clients by approximately 680 people; and a corresponding reduction of a significant number of ALTSA staff and AAA full-time equivalent positions. (\$129.8M GF-S; \$282.3M total funds)
- 2. Eliminate client service programs: Includes eliminating state funded non-citizens and Senior Drug Education programs, Medicaid funded Adult Day Health and Day Care services, reducing Adult Family Home Meaningful Day programs. (\$15.5M GF-S; \$2.7M)
- 3. **Rental Subsidies to Assist Nursing Home clients who request transitions:** To assist clients in nursing homes to transition to their own residence with in-home care supports, ALTSA proposes paying for rental subsidies so that clients can afford to relocate to their own home. Even though the subsidy is state-only funding, the cost is still less than paying half of a nursing home rate, thus saving money. (\$1.0M GF-S; \$1.0M Total Funds)

- 4. **Provider Rates:** Savings is achieved by assuming an across-the-board three percent rate reduction for all ALTSA providers, including those who collectively bargain wages and benefits and capturing the additional 6.2 percent of Medicaid matching from July through September as savings. (\$60.6M GF-S; \$9.4M total funds)
- 5. Staffing costs: Including unpaid furlough days. (\$15.0M GF-S; \$25.8M total funds)

On June 8, OFM is planning to post preliminary state agency reduction proposals to their website: <u>https://ofm.wa.gov/budget/state-budgets</u>.

We recognize that this is a very difficult time for tribes throughout our state. Thank you for the continued collaboration and support for tribal members and others in need.

Sincerely,
Bill Moss signature

Bill Moss Assistant Secretary Aging and Long-Term Support Administration

DSHS: Transforming Lives

• Stakeholder Message 06-05-2020.pdf

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# 2020 Overhaul of the Revised Fundamentals of Caregiving (RFOC)

#### **Overview**

The Training, Communications, Development, and Quality Assurance unit of Home and Community Services is conducting an overhaul of the RFOC. Our goal is to advance health equity by collaborating with subject matter experts, stakeholders, and partners from the communities that the training program serves. The project is in early stages and we are reaching out now to engage volunteers who are willing to contribute their voice, expertise, knowledge, experiences, and guidance.

#### Background

The Revised Fundamentals of Caregiving is the text component for the core basic competencies portion of the Home Care Aide Training Program. This is the required basic training for long-term care workers who support residents and clients in adult family homes, assisted living facilities, enhanced services facilities and through home care agencies. It also serves as a reference and model for individuals and organizations that are developing their own training. The current live version is available online:

Webpage: https://www.dshs.wa.gov/altsa/training/dshs-curriculum-available

Direct Link: https://www.dshs.wa.gov/sites/default/files/ALTSA/training/DSHSCurriculum/RFOC.pdf

#### **Objectives**

Our plan for the overhaul project has two major objectives: validate the material and adjust the design to better support learner success. We are approaching both of these objectives through the lens of Culturally and Linguistically Appropriate Services in order to achieve our goal of advancing health equity.

#### **Gathering Contacts**

To ensure that the Home Care Aide Training Program is relevant to the learners and those they care for, we are seeking participation from the communities that this program serves. The scope of our project is broad, and we would like a broad spectrum of input from:

- subject matter experts (see the next page for a list of subjects);
- instructors and training facilitators;
- long-term care workers;
- long-term caregivers;
- those who receive care;
- their family members and friends;

- physicians and nurses;
- case managers;
- social workers;
- ombuds;
- facility owners/managers/supervisors;
- advocacy group representatives;
- other stakeholders or partners

If you or anyone you know would be interested and willing to contribute to this effort, please provide their name and contact information below.

#### Thank you!

Name	Role/Organization	Contact Information

#### **Subject Matter Experts**

Modules and Topics	Possible SME (name, qualifying experience, contact)
Module 1: Course Introduction	
<ul> <li>Successfully Completing the</li> </ul>	
Course	
Ground Rules	
<ul> <li>Learning Styles</li> </ul>	
Module 2: Introduction to Person	
Centered Care	
Person-First Language	
<ul> <li>Talking about people with</li> </ul>	
disabilities	
Becoming a caregiver	
Bias	
Getting to know a client	
<ul> <li>Important To/ Important For</li> </ul>	
Module 3: Basic Communication	
<ul> <li>Communicating with the</li> </ul>	
client, family, and care team	
Active listening	
<ul> <li>Listening with empathy</li> </ul>	
Body language	
Barriers to effective	
communication	
Hearing loss or impairment	
Reporting guidelines	
Communicating with people	
who have difficulties with	
communication	

Module 4: The Client and Client	
Rights	
The care team	
<ul> <li>Aging and health</li> </ul>	
<ul> <li>Memory and aging</li> </ul>	
How a DSHS client gets	
services	
Client rights	
Freedom of choice	
Confidentiality	
<ul> <li>A clients right to make health</li> </ul>	
care decisions	
Advance directives	
<ul> <li>Long-term care ombudsman</li> </ul>	
program	
Abuse	
Mandatory reporting	
Restraints	
Effective problem solving	
Module 5: The Caregiver	
Basic job responsibilities	
Providing personal care	
Respecting a client's privacy	
and independence	
Honoring differences	
<ul> <li>Caregiver as part of a care team</li> </ul>	
Documenting observations	
Reporting	
Reporting guidelines	
Personal conduct	
Professional boundaries	
Sorting roles and	
responsibilities	
Caregiving as a professional	
job	
<ul> <li>Responding to situations and</li> </ul>	
emergencies	
Safety habits that prevent	
accidents	
Handling emergencies	
Module 6: Infection Control	
Infections and how they	
spread	
Infection control	

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•	Handwashing	
•	Wearing gloves	
•	Cleaning and Disinfecting	
•	Immunizations	
•	Observing and reporting if a	
	client has an infection	
•	Blood Borne Pathogens	
•	Standard precautions	
•	HIV/AIDS	
Modul	e 7: Mobility	
•	Body Mechanics	
•	Mobility	
•	Skill: Transfer Client from Bed	
	to Chair/Wheelchair	
•	Skill: Helping a Client Walk	
•	Falls	
•	Fall Prevention	
Modul	e 8: Skin and Body Care	
•	Skin Care	
•	Promoting Healthy Skin Care	
•	Pressure Ulcers	
•	Changing a Client's Position	
•	Skill: Turn and Reposition a	
	Client in Bed	
•	Body Care	
•	Skill: Mouth Care	
•	Skill: Clean and Store Dentures	
•	Skill: A Shave with Safety	
	Razor	
•	Skill: Fingernail Care	
•	Skill: Foot Care	
•	Skill: Bed Bath	
•	Skill: Assisting a Client to Dress	
•	Skill: Assist Client with Weak	
	Arm to Dress	
•	Skill: Put Knee-High Stocking	
	on Client	
•	Skill: Passive Range of Motion	
	for One Shoulder	
•	Skill: Passive Range of Motion	
	for One Knee and Ankle	
	e 9: Nutrition and Food	
Handli		
•	Nutrition Basics	
•	The Food Pyramid	

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•	Four Basic Nutrition	
	Guidelines	
•	Fats	·
•	Salt	
•	Empty Calories	 
•	Fiber	
•	Meal Planning and Shopping	
•	Food Labels	
•	Poor Nutrition	
•	Assisting a Client with Meals	
•	Skill: Assisting a Client to Eat	
•	Special Diets	
•	Water, the Forgotten Nutrient	
•	Dehydration	
•	Food-Borne Illness	
•	Safe Food Handling Practices	
•	Prepare Food Safely	
•	Store Food Safely	
•	Prevent Cross-Contamination	
•	Clean and Disinfect Surfaces	
	Food Touches	
Modul	e 10: The Process of	
Elimina	ation	
•	Bowel and Bladder Function	
•	Problems with Urinary	
	Function	
•	Problems with Bowel Function	
•	Assisting with Toileting	
•	Skill: Assist Client with	
	Pericare	
•	Skill: Assist Client with Use of	
	Bedpan	
•	Catheters	
•	Skill: Catheter Care	
•	Skill: Assist Client with	
	Condom Catheter Care	
	e 11: Medications and Other	
Treatm		
•	Self-Directed Care	
•	Nurse Delegation	
•	Medication Assistance and	
	Medication Administration	
•	Five Rights	
•	Skill: Medication Assistance	
•	More on Medications	

Module 12: Self Care and the	
Caregiver	
Self-Care	
Reduce Stress in Your Life	
Taking Action to Reduce Stress	
Setting Limits	
Finding Positive Outlets for	
Your Emotions	
Relaxation Techniques	
Healthy Choices in Sleep,	
Physical Activity, and Diet	
Loss and Grief	

# Tribal Lifeline

Customers living on federally recognized Tribal Lands\* can receive up to \$34.25 off phone or Internet service.

Lifeline is a federal program that helps lower the cost of your monthly phone or Internet bill.

### **ELIGIBILITY**

You may qualify for a discount if you live on federally recognized Tribal lands\* **AND** can provide proof for any **ONE** of the following:

- Your income is at or below 135% of the federal poverty guidelines, **OR**
- You participate in any **ONE** of these government benefit programs:
  - Supplemental Nutrition Assistance Program (SNAP)
  - Medicaid
  - Federal Public Housing Assistance (FPHA)
  - Veterans Pension and Survivors Benefit
  - Supplemental Security Income (SSI)
  - Bureau of Indian Affairs General Assistance
  - Tribal Head Start (income based)
  - Tribal Temporary Assistance for Needy Families (Tribal TANF)
  - Food Distribution Program on Indian Reservations Assistance

### WHAT IS A HOUSEHOLD?

You can have multiple households at one address, for example:

- Four adult family members that live at the same address, but do not share income and expenses, may each have their own Lifeline benefit.
- If you share housing with someone who already receives Lifeline, complete the Household Worksheet that is available on our website, or through your phone or internet company.

\*Lifeline's Tribal Lands is defined in 47 CFR §54.400 (e).



# **THREE WAYS TO APPLY**



Click Companies Near Me.

### HOW TO SHOW YOU ARE ELIGIBLE

You may need to show proof that you qualify for Lifeline, such as:

- A copy of pay stub or tax return to prove your income is at or below 135% of the federal poverty guidelines, **OR**
- A copy of your award letter

# **TIPS FOR APPLICANTS ON TRIBAL LANDS**

- Check the "Tribal Lands" Box.
- Provide a Tribal ID Number if a SSN is unavailable.
- Your Lifeline company can help determine whether your address is on Tribal lands.
- Ask your service provider about *Tribal Link-Up*. You may be able to get up to \$100 toward your connection to home service.

**NOTE:** An applicant living at a residence without an identifiable address will be asked to provide Geo-coordinates for the physical location. If you don't have this information, you can provide USAC a map that identifies the location of the residence, landmarks, and distances.

LIFELINE SUPPORT CENTER (800) 234-9473 | 9 AM-9 PM ET | 7 DAYS PER WEEK LifelineSupport@usac.org | www.LifelineSupport.org

# Lifeline

Lifeline is a federal program that helps lower the cost of your monthly phone or Internet bill.

# HOW TO KEEP YOUR BENEFIT

# **USE IT OR LOSE IT**

If your mobile phone or Internet is free, use it at least **once every 30 days** to keep the benefit.

## RECERTIFICATION

Each year, Lifeline will conduct a check to ensure you still qualify for the benefit. We will review databases that can verify your participation in qualifying programs.

We will send you a letter asking you to renew your benefit ONLY if we are unable to confirm you are still eligible.

## What to do if asked to renew:

- Call (855) 359-4299 OR
- Complete the form online at CheckLifeline.org OR
- Complete the Renewal form and mail it to: Lifeline Support Center

P.O. Box 7081 London, KY 40742

You may check your Lifeline Benefit status anytime by calling the Lifeline Support Center, (800) 234-9473.



### **TRANSFER YOUR BENEFIT**

You may change the phone or internet company registered with Lifeline at any time.

To do so:

- Talk to your new company to make the switch some companies may have transfer costs.
- Reapply to Lifeline to confirm you are still eligible.
- Search for a phone or internet company at www.LifelineSupport.org. Click Companies Near Me.

# LIFELINE SUPPORT CENTER

(800) 234-9473 9 ам-9 рм ET 7 DAYS PER WEEK

LifelineSupport@usac.org

www.LifelineSupport.org

Contact your phone or internet company about your phone, internet service, or bill.

