

# AL TSA/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)*

May 12, 2020 from 9 a.m. – noon

No In-Person Locations available.

Please register for IPAC Subcommittee AL TSA/BHA/DDA on May 12, 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.

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

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- Welcoming
- Invocation
- Announcements
- Roll Call

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

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- Covid-19 check-in and sharing- Alec Graham, AL TSA HCS;
- Tribal Initiative Updates
  - Squaxin Island Tribe
  - Nisqually Tribe
  - Makah Tribe
  - Lummi Nation
  - American Indian Community Center

- Aging & Disability Resource Center Outreach – American Indian Health Commission
- Health Homes
- Adult Protective Services Check-In – APS staff
- Traumatic Brain Injury Council opening

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## Developmental Disabilities Administration – Justin Chan

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- 2020 Community Summit Update
  - DDA clients with tribal affiliation (self-identified) and receiving DDA services
  - **Community residential providers** are contracted statewide with the DDA to provide residential services to adult clients. Services include:
    - Supported Living
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    - Community Guide and Engagement
    - Positive Behavioral Support and Consultation
    - Environmental Accessibility Adaptations
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The Revised Code of Washington [71A.10.020\(5\)](#) defines a developmental disability as:

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- [Intake and Eligibility](#) – Complete the required forms and documents. You can request a packet by filling out a [Service and Information Request](#) (<https://www.dshs.wa.gov/dda/service-and-information-request>) or by returning the information listed below:
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  - [Consent \(14-012\)](#)
  - [Notice of Privacy Practices for Client Confidential Information \(03-387\)](#)
  - [Washington State Voter Registration](#) for applicants age 18 or older
  - Documents that support that you have a developmental disability, as described in [DSHS Form 14-459 Eligible Conditions Specific to Age and Type of Evidence](#) such as:
    - Educational records
    - Psychological records
    - Medical records
- [Local DDA Tribal Liaison](#)

## [Behavioral Health Administration – Zephyr Forest, BHA Tribal Liaison](#)

- 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 Zephyr Forest at [foreszk@dshs.wa.gov](mailto:foreszk@dshs.wa.gov).)
- 7.01 Updates
  - Planning sessions – need to be scheduled and rescheduled.

## [Closing](#)

Agenda Items for next meeting:

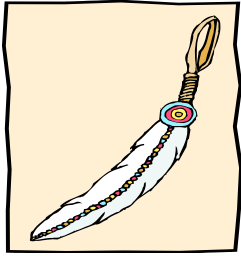
Future meetings agenda items:

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

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

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- Welcoming
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- Roll Call

Present	Attendee	Role		Present	Attendee	Role
X	Ann Dahl	AL TSA Tribal Initiative Project Manager		X	Zephyr Forrest	DSHS BHA
X	Brenda Francis-Thomas	DSHS Office of Indian Policy Region 3 North		X	Marilyn Scott	Upper Skagit Tribe
X	Marietta Bobba	DSHS AL TSA Tribal Liaison		X	Tim Collins	DSHS OIP
X	Justin Chan	DDA Co-Chair Statewide Tribal Liaison		X	Harmony Roebuck	Puyallup Tribe
X	Tim Collins	DSHS OIP		X	Christopher Zilar	Spokane Tribe

X	Marie Natrall	DSHS OIP		X	Debbie Anderson	DSHS ALTA
X	Marilyn Scott	Upper Skagit Tribe		X	Charlene Meneely	Quileute Tribe
X	Jeremy Monson	Jamestown S'Klallam Tribe		X	Alex Graham	DSHS ALTA
X	Cathy Kinnaman	DSHS ALTA		X	Christina Martinez	
X	Sara Folsom			X	Kathy Morgan	DSHS APS
X	Vicki Lowe	AIHC		X	Cindy Gamble	AIHC
X	Jan Olmstead	AIHC		X	Raina Peone	HCA
X	Lexie Bartunek	ALTA ADRC		X	Paula Hughes	ALTA APS
X	Margaret Carson	Muckleshoot Tribe		X	Jenna Bowman	HCA

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

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- Covid-19 check-in and sharing-** Alec Graham, ALTA HCS; ALTA has continued to work with HCA to obtain program flexibilities from the federal government. ALTA has received approval for a number of waivers available through the link below. It was suggested that service improvements could be gained by coordination tribal programs and ALTA reimbursement mechanisms. IPAC subcommittee should be utilized to share information broadly with tribes as changes occur. Difficulties with bringing tribal members home from hospitals, etc. was expressed. Tribes interested in exploring this area should contact Marietta or Ann to arrange 1:1 meetings with ALTA subject matter experts.

Link to ALTA federal waivers related to COVID-19: <https://www.dshs.wa.gov/alta/covid-19-federal-waiver-approvals>

List of ALTA, HCS Management Bulletins, this includes all of the COVID-19 policies:

<https://fortress.wa.gov/dshs/adsaapps/Professional/MB/Default.aspx?year=2020>

Here are some additional national items from the National Center on Law & Elder Rights that may be of interest from the recent webcast, Changes in HCBS Programs in Response to COVID-19. The webcast was recorded. The link will be available shortly at <https://ncler.acl.gov>.

You can view the webcast slides here: <https://ncler.acl.gov/getattachment/Legal-Training/HCBS-Changes-Slides.pdf.aspx?lang=en-US>.

You can read the Chapter Summary here: <https://ncler.acl.gov/getattachment/Legal-Training/HCBS-Changes-Ch-Summary.pdf.aspx?lang=en-US>. There is a chart that shows all the waivers by interest and the state that has this waiver in place.

- Tribal Initiative Updates**

- **Squaxin Island Tribe:** The tribal staff continues to work on deliverables and other staff are slowly coming back to work. The casino has a tentative opening date of May 18<sup>th</sup> and is putting precautionary measures in place for social distancing, sanitizing and safety. Budget updates are in process due to COVID-19 and the contract will be extended into 2021.
- **Nisqually Tribe:** no report.
- **Makah Tribe:** no report.
- **Lummi Nation:** no report.
- **American Indian Community Center:** No report
- **Adult Protective Services Check-In** – Kathy Morgan, Paula Hughes, APS staff. APS continues to respond to investigations but lower level cases are being handled through phone calls to determine need and response times. Memorandums of Agreement have been put on hold but can still be worked on if tribal staff are available to work through web-meetings. If your tribe is interested in working on an MOA please reach out to Marietta or Ann and they will coordinate with APS. There were no issues about centralized intake. Concerns were discussed about making referrals for persons in hospitals. APS staff will follow up on the hospital intake. A concern about whether tribal contact phone numbers for 24 hour responses were being monitored during COVID-19 shutdowns was brought up. The Office of Indian Policy (OIP) volunteered to be a contact point if tribal numbers were not responding. OIP will assist with reaching out to the tribe. Some regions have not had good representation at 7.01 meetings. APS will discuss representation with the regional managers. The annual APS conference has been postponed (see attached DTL).
- **Aging & Disability Resource Center Outreach** – American Indian Health Commission, Lexie Bartunek, AL TSA. The Administration for Community Living has accepted the AL TSA proposal to build statewide capacity to serve older adults and individuals with disabilities during the pandemic and address an anticipated increased need for services. The 13 Area Agencies on Aging will conduct rapid assessments of workforce capacity to support information and assistance functions including application assistance, care coordination and transitional services, etc. The AIHC will be contracted with to assist the network to build the statewide capacity to serve American Indians and Alaska Native older adults and individuals with disabilities through COVID-19 pandemic and the anticipated recovery period. The funding will be for one year. It's anticipated to begin in late May/early June 2020. A draft workplan was shared by Vicki Lowe of AIHC (attached).
- **Health Homes** – Ann Dahl. The AL TSA and HCA Health Home tribal information has been updated on the websites. An updated flowchart will be posted. Payment problems for tribal health homes and lead agencies have been partially resolved. Generally health home payments are made to the lead agency and the lead agency pays the care coordination agency. A tribal care coordination unit is directly paid the HIS encounter rate directly through the HCA payment system. This excludes the lead agency from getting paid for their work. A variety of solutions have been discussed, including 1.) Tribal care coordination units paying the lead organization from the encounter rate for their services; 2.) Creating a separate payment item for lead organizations that provide the service to tribal care coordination units. Both have barriers to implementation. It is unlikely that many tribes would want to use the encounter rate to reimburse the lead agency for their work and the current approvals for payment do not allow for a separate payment to lead organizations. The HCA and AL TSA are working on a draft concept paper for inclusion in a decision package to the state legislature. Due to impending budget shortfalls as a result of COVID-19 a budgetary fix may also be difficult to move forward. In the interim the HCA has resolved the payment glitch for tribal payment and the single tribal care coordination unit is now being paid at the encounter rate. The lead agency is being paid with state short-term funds until a

permanent fix can be determined and applied. Other tribes interested in Health Home contracts are currently on hold until the issue is resolved.

**Traumatic Brain Injury Council opening:** The TBI Council is currently working towards finding a Washington State Tribal Representative that will represent the needs and concerns of the tribes. If you are interested, please contact the WA State TBI Coordinator. The Council application can be found at the following link, if you are ready to apply. If you take the time to apply, please let me know and I will also contact the Governor's office about the application submission. <https://www.governor.wa.gov/boards-commissions/boards-commissions/apply-serve-board-or-commission>

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# American Indian Health Commission for Washington State

“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

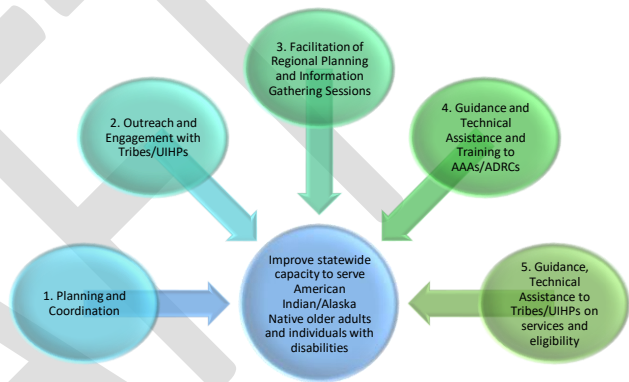
May 5, 2020

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/ALISA 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 Assistants, 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.

# American Indian Health Commission for Washington State

## *“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**

- Tribes/UIHPs (including: Tribal Leaders (Council Members), Health and Social Services Directors, Traditional Healers, Elder Program Staff, Disability Program Staff, Tribal Assistants, Tribal and Urban Indian Community Elders and Community Members, Tribal Assistants, 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
  3. Snohomish County Senior Services
  4. Aging and Disability Services
  5. Pierce County Aging and Disability Resources
  6. Lewis Mason Thurston Area Agency on Aging
  7. 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



# American Indian Health Commission for Washington State

## *“Improving Indian Health through Tribal-State Collaboration”*

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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 *health equity for American Indian and Alaska Native Elders and individuals with disabilities*, 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.

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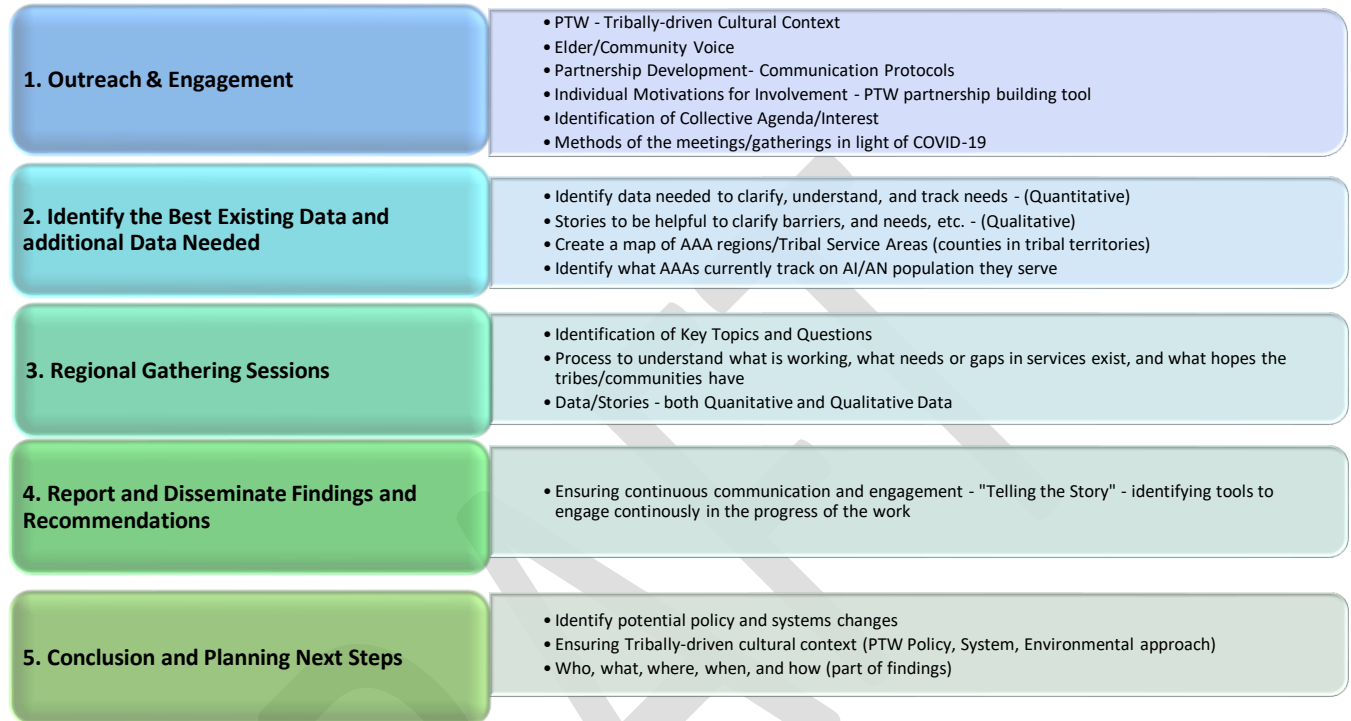
<sup>1</sup> Washington State Equity Task Force, Preliminary Report, Definition of 'Equity'. Developing, strengthening, and supporting policies and procedures that distribute and prioritize resources to those who have been historically and currently marginalized, including tribes. It requires the elimination 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.



# American Indian Health Commission for Washington State

## *“Improving Indian Health through Tribal-State Collaboration”*

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



### 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



# American Indian Health Commission for Washington State

## *“Improving Indian Health through Tribal-State Collaboration”*

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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 Assistors, 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

# American Indian Health Commission for Washington State

## *“Improving Indian Health through Tribal-State Collaboration”*

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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**

12-month grant

Start and End Dates: To be Announced

### **Project Primer Resources:**

#### **AIHC Resources**

1. [AIHC Website](#) (last accessed 5-9-20)
2. AIHC Regional Meetings: Tribal Services Profiles (last accessed 5-9-20) <https://aihc-wa.com/aihc-regional-meetings-tribal-services-profiles/>
3. American Indian Health Commission, (2017). ACH-Tribal-UIHP Partnership Guidance and Recommendations ACH [Communication Protocols](#) (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) <https://www.dshs.wa.gov/office-of-the-secretary/american-indian-administrative-policy-701-and-plans>

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



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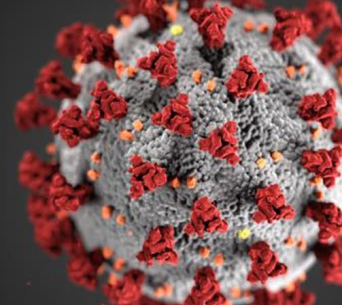
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9. Office of Indian Services, Bureau of Indian Affairs, U.S. Department of the Interior Indian Affairs, (last accessed 5-9-20) <https://www.bia.gov/bia/ois>
10. Older American Act, (last accessed 5-9-20) <https://acl.gov/about-acl/authorizing-statutes/older-americans-act>

DRAFT



## PHASED REOPENING GUIDELINES FOR SENIOR NUTRITION PROGRAM OPERATIONS DURING THE COVID-19 PUBLIC HEALTH EMERGENCY

Returning to a “New Normal”

May 5, 2020

On April 16, 2020, President Trump unveiled the three-phased [Guidelines for Opening Up America Again](#). Developed as a collaborative effort between the National Resource Center on Nutrition and Aging, National Association of Nutrition and Aging Services, National Council on Aging, and the Administration for Community Living (ACL), the following document provides some suggestions for senior nutrition programs to consider as their states move forward through those phases.

This guide is not intended to be an exhaustive list of every aspect related to the safe handling of food. For technical assistance on how to safely and effectively run a nutrition program see the [National Resource Center on Nutrition and Aging](#).

Nutrition services authorized under Title III-C of the Older Americans Act (OAA) are designed to promote the general health and well-being of older individuals. The services are intended to:

- Reduce hunger, food insecurity and malnutrition;
- Promote socialization; and
- Delay the onset of adverse health conditions.

Services are not intended to reach every individual in the community. Programs target adults age 60 and older who are in greatest social and economic need, with particular attention to the following groups:

- Low-income older individuals
- Minority older individuals
- Older individuals in rural communities
- Older individuals with limited English proficiency
- Older individuals at risk of institutional care

As always, states and localities can use the existing flexibility of the OAA to adapt their policies and procedures to operate under the “new normal” changes that are required by social distancing protocols and other changes brought about by the COVID-19 pandemic. The complexities and logistics of providing an older individual a meal, promoting socialization, and promoting health and well-being have been tested more than ever before, not only for senior nutrition programs, but also for older individuals, their families, and caregivers.

As senior nutrition programs begin to establish their new normal, they will need to consider how to measure the impact of their programs. Policies and procedures should ensure that senior nutrition programs are

reaching the intended population and should align with the goals of the OAA, i.e., offering a meal and opportunities for socialization to delay the onset of adverse health conditions. Furthermore, policies and procedures must be consistent with guidance from state and local health departments and emergency management agencies to ensure safety of participants and providers. We are confident that the aging services network will rise to this current challenge, as it is no stranger to everyday challenges. We encourage the network to be creative, look for new partnerships, and rely on the technical assistance provided by ACL and resources that are available via the [National Resource Center on Nutrition and Aging](#).

### Who is impacted? Vulnerable Individuals.

The [Guidelines for Opening Up America Again](#) describes “vulnerable individuals” as:

- Elderly individuals. In fact, between 10 and 27 percent of people over the age of 85 who were confirmed to have COVID-19 died from the disease, according to the [Centers for Disease Control and Prevention](#). CDC also warns that people who are 65 or older are at higher risk for developing severe illness from COVID-19; and
- People with serious underlying health conditions, including high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune system is compromised. CDC’s web site says, “Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications.

### Important Note: Addressing social isolation is very important during all phases.

*Consider these Tips to Engage Older Adults Virtually:*

- Leveraging social networking platforms such as Twitter, Facebook, and Instagram to share content such as encouraging messages and helpful resources, and to stay connected with others.
- Offering computer-friendly services to support new users of electronic devices.
- Using platforms like Mail Chimp and Constant Contact to create email newsletters.
- Establishing or expanding virtual friendly-visiting programs and engaging staff and volunteers to make daily phone calls to older adults.
- Identifying virtual events (i.e. online concerts, museum tours, amusement park rides, aquarium visits) and sharing these events or website links using email.
- See more tools for virtual connections at [ACL.gov/COVID-19](#).

## Guidance for Serving Older Adults During Phase One:

Please refer to the Gating Criteria for States and Regions in the [Guidelines for Opening Up America Again](#).

***During this phase, all vulnerable individuals should continue to shelter in place.***

### Home-Delivered Meal Programming

For clients of home-delivered meals clients and former clients of congregate meals, *consider*:

- Offering fresh or frozen drive-through, pick-up, or personal delivery meals, preferably using non-touch delivery methods. See resource on [Safely Accepting Deliveries](#)
- Delivering a one-week or two-week supply of frozen meals and/or shelf-stable meals with milk or dairy alternate, whole grain bread, fresh fruits and vegetables (when possible) on rotating schedules.
- Replacing daily check-ins with phone calls to maintain social connections and to assess well-being and ability to prepare and cook meals.
- Alternatively, to limit personal contact by aging services network personnel, offering program participants weekly or bi-weekly drop-shipped frozen or fresh meals to include, when possible, milk (fluid milk or powdered or dairy alternate), whole grain bread, fresh fruits and vegetables. The aging services network should appropriately package foods for transport and use food vendors providing this service through delivery companies such as USPS, UPS, or FedEx and combine with regular daily check-ins with phone calls to assess well-being.
- Collaborating with local restaurant voucher partners to create “to go” meals or meal delivery. See the [Guide to Working with Restaurants and Grocery Stores for Meals](#) for more details.
- Supplementing the meal program for with groceries (one- or two-week supply) that can be hand-delivered by staff or volunteers (using appropriate precautions), delivered by grocery store partners, or drop-shipped using delivery companies such as USPS, UPS, or FedEx. Groceries should not be counted as meals. Shipping and delivery of food can be supported through Title III-B funding and the public health emergency supplemental funding.
- Practice contactless deliveries to the greatest extent possible: Leave the delivery at the recipient’s doorstep, then move to a distance greater than six feet away to verify receipt with the person getting the delivery. This eliminates the need for close contact between you and the person getting the delivery. Feel free to visit [What Food and Grocery Pick-up and Delivery Drivers Need to Know](#)

Due to the increase in demand, you may need to prioritize home delivered participants. Assessments for home delivered meals do not need to be done in person. You may use phone or online screening tools and mechanisms.

### Congregate Nutrition Programming

*Consider:*

- Coordinating or hosting virtual congregate sites using media such as FaceTime, Zoom, GoToMeeting, UberConference, etc. to host group breakfast, lunch, dinner, and the provision of nutrition education, including at coffee hours.
- Coordinating or fostering the development of a buddy system where one person virtually dines with an older individual.
- Coordinating or fostering these options via phone calls for older individuals who do not have access to other virtual media platforms.

## **Guidance for Serving Older Adults During Phase Two:**

Please refer to the Gating Criteria for States and Regions in the [Guidelines for Opening Up America Again](#).

***During this phase, all vulnerable individuals should continue to shelter in place.***

### **Home-Delivered Meal Programming**

Consider all options and guidance provided under [Phase One](#), plus the following:

- Collaborating with local food trucks to deliver to neighborhoods or locations. Maintaining social distancing guidelines such as maintain six feet between participants and using cloth face coverings. Older individuals should pick up meals and return to their residence, or a food truck employee delivers the meal to the home, if possible.
- Offering small group programming where participants register in advance to attend a class, where they can receive nutrition education, prepare a meal together, socialize, and take their meal home to eat.
- Resuming daily or weekly meal delivery while practicing social distancing guidelines, such as maintaining a distance of 6 feet apart and using cloth face coverings.

### **Congregate Nutrition Programming**

Consider all options and guidance provided under [Phase One](#), plus the following:

- Setting up a lunch “buddy program” where a person dines (in person or virtually) with an older individual. *Please note that the OAA allows nutrition project administrators the option to offer a meal to individuals providing volunteer services on the same basis as meals provided to participating older individuals.*
- Implementing a reservations system to manage and limit the number of participants congregating at any one time. This may require creating multiple dining opportunities with extended serving times in order to accommodate all participants (i.e. less than 50 persons at a time, maintaining social distancing guidelines such as spacing 6 feet apart, or based on state and local guidance).
- Limiting congregate sites to less than 50 people at a time, abiding by social distancing guidelines by limiting and/or arranging seating, or using a reservation system.
- Collaborating with local restaurants, catering services, or food trucks to deliver to congregate locations. Maintaining social distancing guidelines, such as spacing six feet apart between participants and wearing face coverings. An older individual picks up a meal and eats with a small group of friends while maintaining social distancing.
- Implementing multiple pop-up cafes to allow for smaller groups to gather in traditional and non-traditional congregate meal settings such as places of worship, fire houses, YMCAs, community centers, libraries, drive-in theatres, housing units, etc. See more information on how to set up pop-up cafes on the [National Resource Center on Nutrition and Aging](#)
- Collaborating with local restaurant to create a voucher program. See the [Guide to Working with Restaurants and Grocery Stores for Meals](#) for more details.

## **Guidance for Serving Older Adults During Phase Three:**

Please refer to the Gating Criteria for States and Regions in the [Guidelines for Opening Up America Again](#).

***During this phase, vulnerable individuals can resume public interactions, but should practice social distancing, minimizing exposure to social settings where distancing may not be practical, unless precautionary measures are observed.***

As states begin to relax the social distancing requirements and stay-at-home orders, considerations will be given to re-opening congregate sites with social distancing. As a consequence, the manner in which programs offer meals may change. This may be different from the way programs provided services during social distancing and may be different than how programs offered meals in the past.

Programs may also have to continue assessing clients virtually (on a regular basis) if they are uncomfortable allowing others into their homes or coming out to a site. In establishing a new normal under Phase Three, be sensitive to the reluctance and fear of individuals who may have lost a loved one to COVID-19. It may take longer for them to adjust, so they may require more accommodating programming. Also consider that programs may need to screen former congregate clients who have been receiving home-delivered meals. Their functional ability may have declined and they may be unable to return to a congregate setting. Feel free to consider any of the suggestions outlined above for Phases One and Two.

### **Additional Resources**

CDC -- [Best Practices on Use of Face Coverings](#)

CDC -- [Running Essential Errands, including Accepting Deliveries and Takeout Orders](#)

FDA – [Food Safety and Coronavirus](#)

[Connecting While Socially Distancing](#)

[Addressing Social Isolation for Older Adults During COVID-19](#)



**STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Aging and Long-Term Support Administration  
Adult Protective Services Division  
PO Box 45600, Olympia, WA 98504-5600**

April 27, 2020

Dear Tribal Leader,

Subject: Adult Protective Services Multi-State Conference – Postponed

Due to the challenges COVID-19 has presented and in an abundance of caution, the Department of Social and Health Services (DSHS), Aging and Long-Term Support Administration (AL TSA), Adult Protective Services (APS) Division have postponed the Adult Protective Services Multi-State Conference (originally scheduled for May 5) to October 2020. We will send out updated information late summer, as we continue to monitor developments related to COVID-19 and rework conference plans accordingly.

The health and safety of conference participants are our highest priorities and we thank you for your understanding. If you have any questions, please contact Xavier Witherspoon, APS Administrative Assistant, at (360) 725-3556 or by email [xavier.witherspoon@dshs.wa.gov](mailto:xavier.witherspoon@dshs.wa.gov) or Vicky Gawlik, APS Office Chief, at (360) 725-2615 or by email [victoria.gawlik@dshs.wa.gov](mailto:victoria.gawlik@dshs.wa.gov).

Sincerely,

Kathy Morgan, Director  
Adult Protective Services Division

*DSHS: Transforming Lives*

cc: Bill Moss, Assistant Secretary, AL TSA  
Tim Collins, Senior Director, DSHS OIP  
Marietta Bobba, Tribal Affairs Administrator, AL TSA  
Ann Dahl, MFPTI Project Manager, AL TSA  
IPAC Delegates



**From:** [Collins, Tim \(DSHS/OOS/OIP\)](#)  
**Subject:** FW: PPE email to tribes from OIP & ALTSA  
**Date:** Tuesday, May 12, 2020 3:32:06 PM

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Good Afternoon,  
Shared with IPAC and OIP. The message below clarifies questions involving tribes' access to PPE and provides a point of contact for any future inquiries.

With Respect,

**Tim Collins / Senior Director / Office of Indian Policy**  
Office of the Secretary  
Washington State Department of Social and Health Services  
(o) (360) 902-7816 / (c) 425-327-5614 / [tim.collins@dshs.wa.gov](mailto:tim.collins@dshs.wa.gov)  
*Transforming Lives*

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**From:** Bobba, Marietta (DSHS/ALTSA) <marietta.bobba@dshs.wa.gov>  
**Sent:** Tuesday, May 12, 2020  
**To:** Collins, Tim (DSHS/OOS/OIP) <collitj@dshs.wa.gov>  
**Subject:** PPE email to tribes from OIP & ALTSA -

Hello everyone,

Recently ALTSA and OIP reached out to find out if the need for Personal Protective Equipment (PPE) was being met in tribal communities. We heard back from a number of you that you had adequate supplies but we also heard that some tribes were in need of masks, gloves, gowns and thermometers. ALTSA will be providing cloth face masks to home care agencies and individual providers serving ALTSA clients but we know that is not enough. We reached out to HCA and AIHC to find out what resources they might be aware of and we are sharing what we have learned.

- There is a standard process for Tribes accessing the PPE that is available from Washington State.
- The Indian Health Service (IHS) has distributed some PPE, and there is a process for requesting PPE from them as well.  
[https://www.ihs.gov/sites/coronavirus/themes/responsive2017/display\\_objects/documents/ITU\\_Resource\\_Request\\_Guidance\\_04022020.pdf](https://www.ihs.gov/sites/coronavirus/themes/responsive2017/display_objects/documents/ITU_Resource_Request_Guidance_04022020.pdf)
- FEMA has cloth masks available. (See: <https://aihc-wa.com/covid-19-request/>)
- Many Tribes and UIHPs have their own internal systems for requesting PPE.

The recommendation is that any tribal departments, agencies, entities and facilities that need PPE submit their requests for PPE through their Tribe's or UIHP's emergency operations center (EOC) or designated staff member. Lou Schmitz at AIHC is available to help troubleshoot Tribe or UIHP problems with getting requests filled. Lou's contact information is below.

Be well and safe everyone,  
Marietta and Tim

Lou's contact information is:

**Lou Schmitz**  
**UAC Tribal Liaison Officer**  
**Public Health Emergency Preparedness and Response**  
**American Indian Health Commission for Washington State**  
[lou.schmitz.AIHC@outlook.com](mailto:lou.schmitz.AIHC@outlook.com)  
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**Marietta Bobba, MBA/ TRIBAL AFFAIRS ADMINISTRATOR/ Aging & Long-Term Support Administration**  
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Transforming Lives

The TBI Council is currently working towards finding a Washington State Tribal Representative that will represent the needs and concerns of the tribes. If you are interested, please contact the WA State TBI Coordinator.