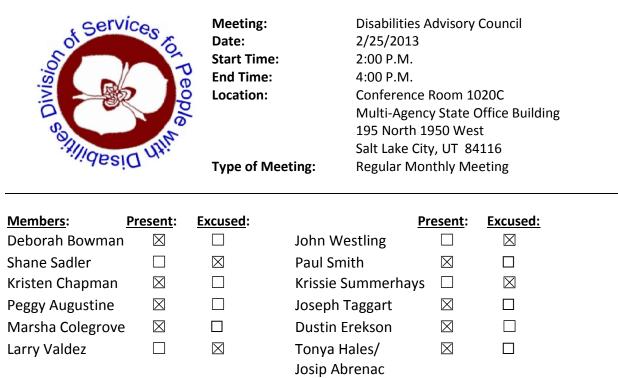
Disabilities Advisory Council Minutes



Also in attendance: Amie Richards, Rick Cobia, Jennifer Gee, Courtney Englund, and Nathan Wolfley

Meeting Open:

Joseph opens the meeting at 2:10 and welcomes everyone.

Paul presents Deb Bowman with a certificate of appreciation for her dedicated work as the Council Chair.

Motion to accept Minutes:

Deborah presents a motion to accept the previous minutes.

Peggy seconds the motion.

The Council unanimously supports the motion.

SCE and FMS Choice Reports

Amie Richards from the Division's Research team introduces herself to the Council and presents the SCE and FMS Choice reports. Amie provided documented changes to these reports and is interested in gaining feedback on how the approach and construction of revisions. Amie notes the current report is outdated, as the Division no longer measures the items in the same fashion. Additionally, the satisfaction survey results are invalid on face value, as these measures are not equitably measured across the sample. Finally, the Division measures satisfaction in several other surveys including the generalizable National Core Indicators Survey.

• **Tonya**: Satisfaction is very important for these families. If I were a consumer or parent, I would want to know such a rating.

Deb: I have heard a complaint that a timely manner was an issue getting USTEPS upto-date.

Amie: I am not aware of this issue, but can find out and get back to you on this issue. **Jennifer**: I believe USTEPS has recently been up-to-date on this issue.

• Paul: we can also send this to ISCA.

Amie: If we look at the survey, using Google Docs and the text of the email, it would gather information we do not currently have in USTEPS.

• **Tonya:** CMS has a report for nursing home compliance. It shows if they have substantive issues. Their report would mention if there has ever been a ban on accepting new clients. I think you should consider more substantive issues, which would better serve information distribution. Perhaps major problems reported.

Marsha: I would be cautious if there was a remediated issue.

Tonya: Perhaps give it a 3 year time limit?

• **Joseph**: Do you think it would be good to give a disclaimer that it is not consumers giving the ratings?

Amie: We would not be utilizing the star system.

- Tonya: Do you have a draft yet of what the report would look like? Amie: No. Not yet.
- Joseph: I wonder if it would be good to hyperlink in the report to the Annual Report? Nate: The annual report does not delineate the support coordinator satisfaction.
- **Kristen**: There is some information that families would like to know such as keeping appointments, etc.

Amie: We do track that in the SAS survey, but it does not differentiate between the groups. Another option could be a broader survey to our consumers. However, survey fatigue is an issue.

- Jennifer: Our turnover rate was rather poor because our goal was to turnover. It was a job to turnover. In the private support coordinators, cases may move around between companies. We also do not want to de-incentivize great support coordinators companies from taking on difficult cases that will turnover.
- **Deb**: I know at one point there was a video encouraging families to interview perspective support coordinators.

Paul: Maybe that is a real good point, to highlight that this report is one of several approaches to choosing a support coordinator.

Jennifer: We do give a brochure for people coming into services and respond by using interview questions and references.

Amie: Does anyone have any concerns with moving forward with the survey?

• Deb: How often does would the survey be updated?

Amie: the plan would be annually.

Tonya: Is there a way to distinguish or parse out coordinators who specialize in certain areas? Perhaps that would be a good question.

Paul: We would want to note that this would be self-reported by the coordinators. **Deb**: Has there been an interest in doing this by the providers?

Amie: Yes.

Joseph: Do we want to use the word fluency or communicate in another language? **Peggy**: Have to consider you may not have the technical language within that language that would make them understandable.

Jennifer: Can we make sure sign language is also included?

Amie: Yes.

Peggy motions to support what they have started and to see a report back to the Council. The motion is seconded by Tonya with unanimous Council agreement.

Revisions to the Community Supports Questionnaire:

Jennifer: The SIS (Supported Intensity Scale) is the primary tool for our person centered planning. When we originally began the SIS, we added several items. The Community Supports questionnaire (CS) has been presented at the end of the SIS. This questionnaire does present some valuable information. The CS has been done for about five years.

While the SIS has been online, the CS has not been. While considering putting this instrument online, we saw some areas for changes. The revision process included sending out the instrument to people outside of our field to get to the construct validity of the language. We also noticed issues of interviewers not interpreting answer correctly.

There were also some concerns about the behavior scales previously used. We changed the order, the language, and the behavior scale.

We would like feedback from this group on the last part. Where does this assessment actually fit in? How is it different from the SIS?

• Deb: Sis is done every 3 years? And this with it?

Jennifer: It is done every 5 years and with the SIS or if there is a significant change.

• Joseph: Is the formatting final?

Amie: The formatting is for getting the document online. However, USTEPS is very busy and it may take a bit to get it implemented.

Joseph: There are issues like titles above their respective areas. However, if it is meant to go online, these issues aren't pressing.

- **Deb**: I would love to see the information section first because it is great.
- Kristin: Maybe the explanation could be given to the family by the support coordinator.

• Marsha: Have you considered entering more medical information?

Jennifer: It is a consideration. I am not sure how we would rate this things. On section two there are questions and areas for notes on medical items.

Paul: We've had a work group on RHS and support issues. Perhaps we could line up with this group.

Jennifer: Keep in mind this is about community.

Tonya: It sounds like the medical component would be very involved.

Jennifer: As it is now, the document helps to pick out outliers in our system. This is really part of service planning, but you cannot draw a bright line between planning and funding.

• **Dustin**: Can I give feedback on this rating scale? Perhaps I could get back with you on the information. I can tell it has been changed. And on page 4, where it talks about more than four hours, it implies restrictive. I think four hours can be restrictive, but for some people it is not viewed as restrictive.

Jennifer: We are certainly open to language changes.

Paul: On part 4 A it mentions the courts, but if you just picked it out, you wouldn't note the context.

• Dustin: Is this used to determine need on the wait list?

Paul: We use this tool as a part of an entire process that is put into units of service.

- Tonya: I assume this will be forward to Health after it has been drafted? Paul: yes.
- **Marsha**: Perhaps send out the SIS and the CS to be considered before considering a medical component to be added.

Joseph motions that the Council likes the work but would like to be able to add feedback Marsha seconds the motion with unanimous Council agreement.

Frequently Asked Question considered for Intake:

Whitney Englund introduces herself to the Council. Whitney notes intake has noticed many similar questions being asked and felt it would be helpful to people to have these questions answered before coming to intake.

Peggy: I like it. We have previously put together a FAQ for parents. You can tell them, but there is such a stress level. When you have a paper questionnaire, it can be very helpful.

Whitney: Yes. We wanted to keep it to two pages so people wouldn't be overwhelmed.

Kristen: I think it's great to send out the services provided. People really don't know what they don't know.

Whitney: That's right. People are just told to apply without knowing what we do.

• **Dustin**: I never know whom to call. I always refer people to intake.

Paul: we are about release a new communication plan on a phone option that will direct people accordingly.

• Tonya: Could acronyms be changed?

Joseph: Same for the doctors

- **Tonya**: I think readability should be considered. Plain language. And a question on the ICAP assessment, it seems the ICAP is going to be generated by your office. It makes it look like I need to go out and get it. Perhaps it should say, "We'll fill it out with you."
- Joseph: Says 90 days, but does not say when it will start. Additionally, it does not say what happens if I am eligible. If it is the wait list, we should put that. Finally, the last sentence is repetitive.
- **Tonya**: The register to vote question appears random. Perhaps change the language and moving it to the bottom of the document. It may be worth having information on how to find Medicaid information.
- Deb: I don't understand the goals question. Consider, "please include the summary"
- Joseph: is there a difference between a condition and a disability?

Kristen: I think it would be best to leave it as is.

- **Joseph**: Under the release of information, perhaps say, "without the release of information."
- **Deb**: I think the first question needs to be simplified.
- Joseph: First question, would it make more sense to say "your case."

Paul: we will continue improvements to the document.

The Council motions to see the FAQ again.

Dustin seconds motion with unanimous Council agreement.

Peggy Presents on a Frequently Asked Questions from Parent/Family Council:

We wanted a parent-to-parent guide. The guide is dynamic and can be changed as the laws change. The booklet includes lots of information that may be helpful. USDC now houses the document.

Motion to Adjourn

Joseph makes the motion to adjourn. Deb seconds the motion with unanimous Council agreement.

The next meeting will be: March 25th at 2:00pm at the Multi-Agency State Office Building, Conference <u>Room 1020C</u>

Minutes Approved _____/s/ Joseph Taggart ______. Chairperson Signature

With Amendment \Box or, Without Amendment \boxtimes