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| **Service Experience Team Meeting**  **ALTSA, Home and Community Services** | **July 25, 2023**  **Microsoft Teams**  **10 am to Noon** |

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| **Attendees:** | | | | | |
|  | Anderson, Zya (Member) |  | Dronen, Nicole (HCS) |  | McNeill, Geri Lyn (WACARES) |
|  | Buchanan, Frank (Member) |  | Emans, Kelli (HCS) |  | Peterson, Isaac (Member) |
|  | Byrne, Kristin (HCS) |  | Erkkinen, Meghan (HCS) |  | Sanchez, Jovi (HCS) |
|  | Carlstrom, Brenda (Member) |  | Franklin, Jenifer (HCS) |  | Shipley, Cynthia (HCS) |
|  | Cooper, Zach (Member) |  | Fredell, Rick (Member) |  | Snow, Quinn (HCS) |
|  | Corbin, Kyle (SafeinHome) |  | Kennedy, Kris (Member rep) |  | Thompson, Cora (Member) |
|  | Dickens, Roland (Member) |  | Kinnaman, Cathy (HCS) |  | Vincent, Andrea (SafeinHome) |
|  | DiSalle, Peggy (SafeinHome) |  | Marcella, Amanda (WACARES) |  | 702-600-8650, Heather Otten, Dawn |
| **Main Outcome:** | | | | | |

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| **No** | **Agenda Items** | **Time** | **Presenter** | **Summary Meeting Notes** |
|  | Introductions/Approval of May minutes | 10:00 | Kelli/Nicole |  |
|  | Leadership Discussion Brief | 10:05 | Kelli/Nicole |  |
|  | SET Upcoming Changes | 10:15 | Nicole/Kelli | The SET work will be transitioning to the Wellbeing, Improvement and Nursing unit (WIN). This transition is crucial due to the work the WIN team is doing around building a more robust human centered care design for ALTSA clients. |
|  | Rule Change/Leg Updates | 10:20 | Jovi/Kelli | What format would you like to see rule changes in the future? How would you like to be engaged and early enough for opportunities to provide feedback. Jovi put together the rule changes and bills that are going through and any other budget changes that are happening. Do you like seeing everything or do you want to provide feedback on applicable information. Do you think everything is too much information?  WAC changes if interested in commenting would you know what to do?   * No I would not know what to do. Would like to have the ability to ask for more information. Too much can be overwhelming but if want to know more of a specific area. * Like seeing the information but wouldn’t know the process if you wanted to provide feedback and provide questions. * Members stated that they also do not know what to do if interested in commenting or how to get information.     Do you review the information when it comes out? Is it enough information to decide if you care about it?  Want to make sure it is accessible if the information is relevant.  Trying to address need and just making sure that information that’s what you all want. Just rule changes that impact your eligibility or number of services you receive?   * Would just like information on what the impact is to us. * knowing what is going on in the background isn’t helpful.   Like when Jacq came and presented on the DP’s and what is being looked at and interactive throughout leg session. Bills that are moving and the pace at which things move is hard to follow and comment on as they are moving so fast.  Things are more relevant and somethings that aren’t.  What about providing an overview at the beginning of leg session – providing an overview of what is coming or might be coming, and the SET team can provide areas of interest. Would this be helpful? Yes all agreed. Impact and eligibility as it comes. How to scope this for the right information for this group.  We will continue to gather feedback on what is working and what is not as we move this information. Right information with the right time to provide feedback on relevant information. Want to make it useful.  We will come back to the next meeting with a proposal based on feedback and will try to get better each time.  Getting closer to what people want and the impact on the SET members. |
|  | WACares Gameboard | 10:35 | Geri Lyn  /Amanda | **The Holding Company (name of design consultant)**  Invested in user experience- listen to and learn from family and customers to meet their needs. Created WACARES Fund website/BAMS.  Did 50 interviews, in multiple languages, including caregivers and customer service reps. Several user testing sessions for feedback on design. Over 500 surveys in multiple languages. If interested in volunteering as a tester, let Nicole know.  **Benefits Application Management System (BAMS)**  Portal where customers can review authorizations and read notifications. Secure account info for beneficiaries, auth reps, and WACARES Fund staff. Clients can call the call center and staff can access the site for them. (Fill out apps, etc.)  Has a dashboard that provides high level info about their account, like benefit balance and detailed info on authorizations.  **Application/Assessment**  App submitted to check contribution criteria and assess for medical need.  Talk to client about needs in their home: they need at least 3 activities.  **After determined eligible…**  **Pre-Auth Creation/Decision**  Providers request pre-auth and are notified in BAMS when approved. Provider accepts and are notified that they can get paid.  Payments are made directly to providers. Client does not need to pay.  **Creation**  Users will receive an alert when they have a pre-authorization waiting for decision. The person you want to be your caregiver applies through BAMS. CDWA will create an authorization for the caregiver in ProviderOne and send to BAMS for client to approve.  Q&A  Zya: I recently had a caregiver get up and running right away. It was a quick, smooth process. The system is working well, thank you.  Rick: What is the full range of services?  Geri-Lyn: Services won’t launch until 2026. A lot will be similar to Medicaid. It’s providing those services before they’re Medicaid eligible. We’re still exploring what the options are as we design the program. Current ideas: in-home, residential, meal delivery, modifying home, respite services for unpaid caretakers.  Rick: What about people already on Medicaid or COPES?  Geri-Lyn: There may be some services covered by WACares that isn’t covered by Medicaid. This is a first in the nation program, so we are still working out the details. Medicaid is a payer of last resort. So, we could pay for some things upfront instead.  Rick: When I was on COPES they paid to do my bathroom but did a terrible job. I want to redo it. Now with New Freedom, I can set aside money every month and once I have enough I can get contractor bids. Where would WACARES step in? Or would you apply when you already have other services?  Geri-Lyn: That’s a good example. WACares operates differently from New Freedom. You don’t have to save up your money. Home mods are definitely included, durable medical equipment too. Grab bars, ramps, high rise toilets, etc.  Rick: WACares is Washington State only and you pay in. If you move, that money is just gone?  Geri-Lyn: The law is currently written that way. We are working on portability. It’s on the table with the LTSS Commission. There’s a lot of rules around providers that WA contracts with, and all the states have different rules. That’s a hurdle. They’re looking at several different solutions on how to obtain portability.  Zya: You mentioned house modifications. How will it handle a resident is in a rental unit when landlords/owners have neglected to make needed reasonable accommodation repairs? What happens when the landlord impedes ability for them to receive assisted deceives? It’s a major problem.  Kelli: that’s a great question, not sure if Geri Lyn can answer at this time. Geri Lyn will ask. If this is an issue you’re dealing with, email Nicole and Quinn can provide info on filing a complaint.  Rick: In my experience while renting, I needed permission from the landlord to make changes. When I asked for a ramp, the landlord approved but said the apartment must be restored back to original once leaving. That’s fair. Another apartment also required me to put a regular bathtub back after I requested a roll in shower.  Kelli: Great idea for a future topic: home mods for rental properties.  Brenda: I’m on the City Council, already pay towards long-term care, but am required to pay contribution. Is there something for people already paying for long-term care?  Geri-Lyn: The original exemption was for private long-term care insurance, but the window has closed. WACares is now working on having you use both to cover what insurance won’t pay for. Or, you can use it before private long-term insurance kicks in. You will just be double covered until the WACares amount is used up. Members can check the FAQ on WACares’ website. |  |
|  | SafeinHome Demo | 11:05 | Kyle/Peggy | Andrea - District Manager in Washington State  Peggy - Local Washington State Account Executive  Kyle - National Director of Business Development  We have already been providing these services/supports to hundreds of Washington citizens successfully. This presentation is to show what we could add to ALTSA’s waiver.  Seniors want to live in home but we have staff shortages. We are proposing an alternative to in-home staff. It’s not surveillance and it won’t replace in-home staff you already have.  Remote supports is a service, not a thing. It’s not someone dropping off some tech and walking away. It provides connections to people through technology. We are here to bridge gaps where workers aren’t available. This is also cheaper than in-home worker, but we have never displaced an in-home worker.  We create Individualized solutions because everyone has different needs. We provide 24/7 on demand service to keep customers independent.  The device that connects you to remote supports is a tablet or phone. You push one button to call support staff member for any time, for any reason, and you push one button to answer s call. There is also automated support using sensors that can alert remote support staff to check in with the customer.  Our staff are highly trained with same training that in-home staff receive. They can do everything except physical touch. They use non-directive techniques. We don’t have dedicated staff assigned to customers, but it is common to check in with same person if you have tasks during the same time of day. Customers build rapport with staff over time.  All interactions are logged with a timestamp and who assisted the customer. We can check in with the customer and/or let doctor know if we notice patterns like not getting enough sleep, water, food, medication, or not using the restroom. We use same the encryption techniques that banks do to protect your privacy.  Q&A  Kelli: This is not an option we currently have but we are looking at a future decision package to fund a new service. This would be added to the menu of what’s currently available. We are looking for early feedback around the service.  Kris: I really like this idea, but I can see my father not hitting a button on his tablet and still being a problem. Do staff check in?  Kyle: If we’re not getting a response, we can contact a family member or whoever is designated as the second point of contact.  Andrea: Here is an example: if your father has a fall risk, we would put sensors around the house to sense movement. If we know he’s up and about and no movement is detected after a period of time, we can contact him to make sure he’s alright. If he doesn’t answer, we would reach out to the second point of contact (you, a neighbor, etc.).  Zya: My brother and I would want to use this service for our parents. My mom has the thing that hangs around her neck. She collapsed, but by the time paramedics showed up it was over 12 hours. She didn’t push the button. She figured she was okay and took a nap on the floor. If your service had been available, my mother would not be dealing with the impact of that delayed response. Things like this happen on a regular basis. I think your service is going to affect many lives and save many lives as well. Thank you for implementing this service.  Andrea: We have a geo communicator with one button you can push for emergency. It has GPS connected to your phone number. You can text the device and GPS info will come back. You can also call the geo communicator to reach your parent.  Kyle: It’s also a wonderful tool for someone out in the community. If they get turned around they can push the button and have someone help them get back home.  Zya: This looks like a good tool for memory care patients. A lot of assisted living communities aren’t able to keep a close eye on clients. This looks like a really good service for them.  Rick: Who pays for this? How would it play out if you’re on COPES or New Freedom for Caregivers?  Kyle; It’s a Medicaid funded service. We can do a warm handoff between remote support and in-home caregiver. (Kelli- this is a policy question that needs to be addressed.)  Rick: I had a problem with two IPs. One lives with me, and the second comes in the morning to help shower and get my day started. That second IP sometimes is a no-show. When that happens, the other IP has to pick up the slack. In this case, someone just getting on the phone isn’t going to help me get out of bed.  Kelli: Good point. We need to make sure we’re clear on that.  Andrea: If a caretaker has a part time job, we can call them and make sure they’re preparing for work. Or we can call and check in and make sure you’re awake.  Brenda: I think it’s a great idea to supplement. We need to bring to leg to add to our services. I wouldn’t use it, but there are a lot of people that could benefit. Let’s go for it!  Frank: I can see this being beneficial for someone like me that’s starting to reduce meds and only has 4 hours a week caregiver. Having a fresh pair of eyes to make sure my meds are correct would be helpful. 10-15 minutes to give peace of mind.  Zya: I agree with Brenda and Rick.  Jenifer: We’ve received lots of support from ALTSA leadership. The proposal for a full decision package for supplemental session is moving forward. This is a brand new service for us, and like WACares we have policy to figure out. We’re happy to hear SET members are interested in the service. Thank you for your feedback. |
|  | Next Steps/Discussion/September Meeting | 11:45 | Nicole/  Kelli | Isaac: Can we have someone come to talk about the COPES program? My book all about TBI is coming out in next month. I hope DSHS can provide it to stroke survivors and those with TBI. Did we figure out compensation? I ran into a snag with them not getting back to me.  Nicole: Compensation still being ironed out. We’re still looking to pay retroactively.  Nicole will send Isaac’s college grant email to everyone.  Kelli: Leg update action item from last time.  Nicole will have F/U email with action items.  Next meeting: CDWA update with Sonya Declet. Sara from rebranding coming back. Nicole part of a workgroup that’s coming up with different name than stakeholder. Will email SET members to request feedback. What other names can we come up with? Have Samuel Cook talk about updates to training manual.  Kelli: Add compensation update to agenda.  Nicole: There’s a direct care workers advisory group that’s the same as SET. We will go into more detail in Sept.  Zya: We need leg that is going to protect disabled and elderly clients from unreasonable rental rates.  Kelli: The housing team could come talk about rental/housing issues. |

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|  | **Action Items/Decisions** | | | | |
| **#** | **Action Item** | **Assigned To:** | **Date Assigned:** | **Date Due:** | **Status** |
| 1 | Contact Nicole if interested in having a bio on the SET webpage | SET Members | 11/29/22 | 4/30/2023 | In process |
| 2 | WACares Gameboard testing. Send Nicole contact information if interested in participating | SET Members | 7/25/23 | 8/8/2023 | In process |
| 3 | Email Washington College Grant information out to the group | Nicole | 7/25/23 | 7/25/23 | Complete |
| 4 | Email group on thoughts as an alternative name to “Stakeholder”. | Nicole | 7/25/23 | 7/25/23 | Complete |
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