Developmental Disabilities Sub-Committee  
June 20, 2018

Present:  Brian Hart, Leisa Alger, David Andreine, Pam Overdurf, Andy Yaniga

Excused: Kellie Traugott-Knoll, AJ Kircher, Ed Lukomski, Sean Eagen, Joyce Carr

Minutes:

Approved without changes.

Director of Community Services Report – Brian Hart

- **AIM Mixed Use Home**: AIM is working on letters of support as they are in the process of submitting an application to open a mixed use housing project that is mainly for homeless veterans. Five of the beds will be set aside for persons with developmental disabilities. This mixed use is a different approach for new funding, because we all know that if we wait for the state to give us housing, we will be waiting for a long time.

- **Complex Case Sent to the ER**: The people we serve have health issues as well as mental health issues. The ER doesn’t understand people with developmental disabilities. There was an individual with developmental disabilities who presented in the ER who also has mental health issues as well as substance abuse. This was a complex case. This case involved multiple agencies, multiple systems, and multiple counties.

  - **DCS Involvement** - Brian Hart needs to know about these cases. He gets cryptic email messages asking for help. If Brian is aware from the beginning he would be familiar with the case.

  - **Staff Training** - We need to figure out a way to solve these issues. We need to think out of the box and know what resources are in the community. Make staff aware of who to talk to

  - **Collaboration** - What is medically necessary? The Attending Physician has the say. We need to stop putting up so many barriers, we are not putting the right people at the table. What can we do to move the systems? Communication is very important. The lack of information means nothing is occurring.

  - **Patient Focused** - Brian Hart is working with Andy and Kirk Maurer on a template for them to utilize. The system isn’t perfect, so we won’t be perfect. There are two points that need to be made. First, the people involved on a daily basis, may not have brought it to those who needed to know in a timely manner. Second, no one was talking to the point person in START. Make sure you know who the point person is and communicate with that person.
For referrals make it clear who the point person will be, and if multiple people need to know. It is key that there be more communication and cross system collaboration.

Brian will be notified going forward upon admission to the hospital of such cases, so that the appropriate stakeholders are brought to the table, solutions are determined, and we stay focused on the person’s needs first and foremost.

- **Sharing by Community Members:**

  - **Update on MSC Transition:** Care Coordination is still scheduled to take over MSC services on July 1, 2018. They are hearing different things from across the state of potential problems that could happen. Some are not doing certain things until they are in the new job (this is occurring elsewhere not here). There was discussion on Rep Payees and if ARC will still manage and DSS pay? At ARC of Chemung the MSC Care Coordinators will continue to do what they are doing. It was discussed that you cannot be a Rep Payee if you are the Provider. There was discussion as to what each agencies expectations are and how they continue to communicate with other agencies and well as Care Coordinators with release of information forms. According to PCS they have 79% enrolled, based on what they perceive is the number of individuals that should be enrolled. What happens if they don’t reach 100%? MSC’s are hitting the pavement to get them all signed up. The MSC’s have been bombarded with all kinds of stuff. Transparency did make the transition easier.

  - **Able 2:** A support for Heath Transportation is a new program that will use a voucher system to obtain transportation for health related issues that aren’t considered a medical transport (pharmacy/grocery store/gym etc.) This is not restricted to the Developmentally Disabled, and is for the Medicaid population. They have also started using tele-med with the DD population to get the amount of ER visits down. It went live June 1st and they have used it 5 times. If this works they will be looking to expand.

  - The next meeting is scheduled for August 15, 2018.