AUDIENCE MEMBER: I'm just wondering what parameters that you're using for defining institutions.

DARREL CHRISTENSON: Not necessarily a nursing home, but assisted living or other type of more confined type of environment.

AUDIENCE MEMBER: So like a criminal justice setting?

DARREL CHRISTENSON: Yeah.

PAULA McELWEE: If I could jump in, I get to talk to people about whatever they are doing and I get phone and e mail technical assistance questions, that's a common one coming up right now, and criminal justice systems is a common one that centers are exploring, also juvenile detention for the youth transition.

We're also seeing people look at ICFs of any size.

Because they are institutional in nature.

So intermediate care facilities, and some of those are for people with developmental disabilities most commonly, but there are some other settings as well.

All of those are being looked at.

So far we haven't heard no.

I think anything that's institutional that you can make a case for it being institutional by it being segregated would probably be considered appropriate.

DARREL CHRISTENSON: Thank you.

Other questions?

Tim, take it away.

TIM FUCHS: Great.

Well, taking it away is pointing out that we have plenty of time to go through questions from the entire morning.

So 30 minutes for a group discussion to clarify things about the background and the foundations for the fifth core service or the new core services, and the technicalities of the law and regulations.

So anything from this morning's sessions that you all want to discuss.

Please, we've set this time aside, so if you all would like to use it, let's have a discussion with our presenters and each other.

Any questions or lingering issues from this morning?

AUDIENCE MEMBER: Is this discussion going to be converted into a training that we can then bring back to the CIL, or are we going to be the ones taking this information, creating our own learning objectives and then providing the training to our own staff once we get back to work?

TIM FUCHS: Good question.

I don't know that we'll be creating a new training from this, but we're certainly going to be boiling down what we hear from you all, synthesizing that and sharing it with you through the training page.

And then the other thing too, fingers crossed, we're in the process of reapplying for this grant.

Hopefully if the IL-NET is selected and we're successful in getting that, then we'll look at what we've learned from this and be able to develop some new materials and tools for you all.

I think you all have seen over the last year and a half, we have really made the new core services a priority for obvious reasons.

So like with the onsite that we did on the youth transition piece in Denver, and then this conversation here, which really came out of the webinar that we did, the town hall we did in December, I imagine some of you all were on the phone with us that day where we started this conversation.

That is actually how we found Michelle, and the assessment tool she had developed, and that kind of generated the ideas for this training and then we'll see where we go from here.

PAULA McELWEE: Tim, you mentioned earlier that it takes several months to get the actual video from this training.

But the materials are available now.

So these PowerPoints are available for you to take back and use, take good notes, think about how you want to apply them, because they will be posted or already posted.

I'm not sure which, on our website.

So ILRU.org carries a lot of on demand training on all kinds of subjects, and this is not the first training actually on this subject, it's just the most comprehensive.

But there are some other pieces like you said Tim, webinars and conversations that are also online now for you to use.

So if you're not sure of those, get ahold of me, and I will tell you how to find what you're looking for.

DARREL CHRISTENSON: I would add, sir, that your center put a lot of money into your time in being here, and they want to get their money's worth.

And so, even from a management standpoint, I would say take the materials that we have, in a couple months, then refer staff to the video, and take your notes and be the spokesperson from what you're learning here back to your center, and you can be the conduit to be in a sense that train the trainer back home.

TIM FUCHS: I'm curious, how many of you all were on that diversion town hall last December?

Were some of you on the call?

I see a couple hands, maybe four hands.

Good.

AUDIENCE MEMBER: So is it the understanding that if the person doesn't identify as at risk, we want count it as diversion in our reporting?

PAULA McELWEE: No, that would not be the expectation, you can count them as diversion if you know for a fact that they are leaving an institutional setting or they are at risk.

Even if they haven't quite accepted it, if you know the circumstances, you are able to count that.

That's a little different than whether or not they have a significant disability.

AUDIENCE MEMBER: Okay, and then also, Darrel, I like what you were saying about diversion being an outcome, but then in terms of reporting, I know that ACL, ILA is developing the PPR, but if it's an outcome, then it would be part of the goals, and then are you counting it in goals and not counting it as a service?

And then are you in compliance with the regulation?

I'm curious about that.

DARREL CHRISTENSON: Were you in the planning discussion with us?

Because that's what we want to kind of get our brains around as well.

Because that's a very poignant argument is that if you're doing I & R, you are doing advocacy, and all these other core services to keep someone out, then do your diversion numbers come up as you're sacrificing these other services?

And those numbers might go down.

So that reporting question is what we'll be talking about later.

But that was something that was very core to our planning call certainly.

So we'll get to that before you leave Atlanta.

AUDIENCE MEMBER: Great.

Thank you.

DARREL CHRISTENSON: Thank you.

AUDIENCE MEMBER: I think as a CIL director, that's one thing we want to do.

We want to find something that's measurable, something that we can see, something that we can count and get across to our funding sources.

So on the significant life areas of the PPR, formerly the 704, you have transition from nursing home to community as a goal, and you can count that.

Well, you also have that other category that maybe you can devise a diversion goal whereby you can count that too.

So that's something that we're looking at doing as a center in order to get at those numbers and to find a measurable outcome so to speak.

BRUCE DARLING: One of the things that's difficult with this is with transition, something actually happened and you can point to it.

So you could say, ah ha, Jane moved on January 5th from that nursing facility into her own apartment.

It was very concrete.

You could count it.

Diversion is really amorphous.

I think I benefited.

My husband did a lot of work in basically juvenile justice type of child, basically, it was children avoiding placement in the juvenile justice system.

And what he said was he expressed a lot of frustration.

He talked about there were these school programs that gave children lunch or gave some sort of soft service early in their life that actually were seen as helping them avoid institutionalization later on.

He was actually doing work with individuals who were adjudicated.

So these were teenagers who were adjudicated, they were about to be placed into a setting, basically for their history, and he would jump in the day before and say, wait, we can serve this person in the community, and then would develop with them a whole plan to support.

So there was a judge was involved.

It was very clear that this child was going in, and he scoffed a bit at some of the soft services, but I also know some of the quote softer services are really important.

One of the things that we did, that we would count as folks who were getting a lot of attendant services through our consumer directed program.

We identified if you were getting, I don't remember whether it was 12 or 16 hours, if you were getting that many hours a day, you were at risk, and we felt like that was a factor that we could count.

It was a numeric thing we could come up with, and I wasn't ever sure if that was real, and then about seven years ago the county ripped the consumer directed program out from underneath us and a bunch of folks we had been serving for years suddenly ended up going into institutions because they were working through these other places that were not wanting to work with them.

So I think some of what I'm looking to hear is, have you all thought about where that line is, what are you counting or thinking of counting in terms of diversion?

Because there's a broad spectrum of what could be counted in here.

I think that's some of what we're trying to get to.

TIM FUCHS: Anybody want to respond?

AUDIENCE MEMBER: I look at diversion as an action verb.

As such, I look at it as a process.

If you are looking at the goal of independence, it doesn't really matter whether they're coming from a nursing home or whether we stopped them from losing their apartment because they couldn't pay the rent.

The end result is still the same.

They're going to be independent.

So when you divert something, that's an action verb.

What you can do is you can break down the process into small objectives that you achieve in that action verb, meaning I did X number of things in order to stop this person from being either ending in a nursing home or I did X number of things getting this person out of that nursing home.

So diversion, I see it more as a process rather than an outcome, because to divert means you did A, B, and C, in order to get to the point where you diverted.

It's actually more of a process than an outcome.

The outcome is the person becomes independent or stays independent.

So from my perspective, I see it more like a process rather than I got there.

If that makes any sense.

TIM FUCHS: It does, thanks.

Other responses to Bruce's question or questions that you all have?

So everybody is good on the language of the law and the regs, the specifics of what it states?

Because that's foundational to the whole discussion we're going to have this week.

I see a hand over here.

AUDIENCE MEMBER: So I guess my question is with respect to diversion.

Diversion obviously you're trying to keep someone out of a nursing home.

And out of an institutional setting.

That's difficult enough to define, but the time constraint on it as well.

Is it an unsuccessful diversion if you keep someone out of institutional care for 10 years and then they end up in How do you see the relationship with kind of the time component in this service?

DARREL CHRISTENSON: Yeah, good question.

I think as long as you move someone out or let's say you've kept them out, because you're talking about diversion, so you've kept someone out through your core services and others.

That's successful diversion.

Now, if their condition changes, let's say your example of 10 years, they are now 75 years old instead of 65, and their condition has changed.

Then I don't think that that's a failure of diversion.

I think that may be recognizing life changes.

Now, if you have someone who is bouncing in and out of an institution every two or three months, then I would question what is going on and why is this person bouncing back and forth?

There's something there that isn't stable in services or home and community based services that's preventing a more stable residency in the community.

Does that make sense?

Okay.

Good question.

Yeah.

AUDIENCE MEMBER: We use diversion as a goal, and because it's a goal, it gets, it's identified whether it was successful or not every year, and opened up on to the next year.

So we count every year you're out.

And then we also track how long we helped you remain in a diverted status.

Some of those come from folks who help transition out of nursing homes.

Others come from our home care division if they ask for services beyond what home care provides, those standard services.

If they ask for something beyond that, then they get referred to our independent living services so we can help work on diversion.

DARREL CHRISTENSON: Hold on.

I want to follow up with this.

So just what I understood, so if someone you say has been diverted in 2016, and it's a new fiscal year or calendar year.

AUDIENCE MEMBER: We'll establish another diversion goal.

DARREL CHRISTENSON: Another one?

It's not a continuation?

AUDIENCE MEMBER: It's not a continuation.

Whether it be right or wrong, that's the way our center is doing it.

Is that every year we're setting up, we're looking at we're still helping you be diverted, and it may be simply a maintenance thing, we're talking to you once a month to see how things are going, see what issues are coming up, because we know that you are not going to call all the time unless we call you.

Or maybe there's something more detailed that's going on that we're helping you work on, but it's almost on a yearly basis.

DARREL CHRISTENSON: That is really a new goal established.

Okay.

Thank you.

AUDIENCE MEMBER: One thing that we're looking at with the diversion, I think what all of us will see is that when an individual is found at risk, they might always be at risk, simply because of by nature of some of the significant disabilities that we see, and that's where the individual advocacy comes in, because I have staff, well, do we leave them open perpetually?

No.

That's not the case, because I feel like if we as centers are doing what we're supposed to do and that consumer is invested in this process, then guess what?

We have taught them that if you are at risk, we will teach you those resources that would allow you to remain in the community and that our services are always open to you if things get beyond that.

But that's part of individual advocacy.

AUDIENCE MEMBER: Actually, you're right.

We have people that work their way off of diversion list because of that, exactly right.

I should have followed up with that.

Absolutely.

TIM FUCHS: Other comments?

Thoughts?

Questions?

AUDIENCE MEMBER: I work in Illinois Department CIL.

Reading here on the happy computer, the 15 report from Illinois, they list advocacy, peer support, living skills, information referral, yada yada, transition services, but not diversion.

And I'm hearing also, if you're on Medicaid, we'll help you, if you're not on Medicaid, have a nice day.

Cause there are some folks in my county, who I know from being ARC employed for many, many years who would do well on their own, but they are not on Medicaid.

They're on SSI.

So I can't serve them, because they're not on Medicaid.

Is that really a problem?

Because when I fill out my form on webcam for Illinois and do my reporting, it says are you on Medicaid, and right away that's the kicker.

Cause Medicaid is the end all be all for Illinois, and that's how you're funded, how you are paid, how you get PA services, how you get all these yadda yada things.

Without Medicaid, I really can't do much with you, and diversion is not on Illinois 15 report on the computer.

Just certain things.

PAULA McELWEE: Let's tackle that one first.

It's not on the computer, because the record keeping has not been updated.

So at either the federal and in most cases the state level, they don't have it on there.

And if you're going to include it, you have to include it under a narrative kind of report or whatever, because the numbers are not yet there.

Now, we expect that to change, but I think who knows when.

I don't know how many people were on the call when the ACL/ILA people rolled out their first draft of the new Program Progress Report, but when they rolled out the first draft, they said and this is effective October 1, 2016.

And we're thinking, we're already in that fiscal year, how can you make it effective then?

And so with feedback, because they had it out for comment, with feedback, now they're saying 2019.

That makes a lot more sense, but it does perpetuate the issue of how do we report what we're doing.

You have to find a place to put it into narrative or whatever you can do.

Because there isn't anything built into the reports yet.

That's one side of your question.

I need to know something more about who you work for and what your role is again.

AUDIENCE MEMBER: I do all the CRP stuff for transitioning.

PAULA McELWEE: For a center?

AUDIENCE MEMBER: Yeah.

A three county area, Ellen County, Illinois, Henry County, and Mercer County, and that is all I do is transition work, but diversion is new to me and I'm not sure how I would start that.

PAULA McELWEE: You may not be able to, that may be something that the rest of the IL team is going to be doing like Darrell was describing through their other services, I'm not sure, but as far as your question about Medicaid funding or not, and maybe you guys want to jump in on this, but lots of centers have a funding stream, but your services are not exclusive to that funding stream.

Yours might be, but the center itself may have some other things that they're doing with their Title VII money and with their other funds that they receive, if they get anything from the state of Illinois.

I know that's still, finally have a budget, hopefully money will flow soon.

But as that happens, you have to meet the requirements of that funding stream if they are funded by that funding stream, but you may also serve people who aren't funded by that funding stream, and it could be your job is specific to that funding stream, and it could be that someone else within your organization is doing the diversion piece.

Does that make sense?

AUDIENCE MEMBER: Yeah.

DARREL CHRISTENSON: Don't let the funding source be the tail that wags the dog.

And it kind of sounds from what you're describing here that that is the case.

Because you think if they're Medicaid, maybe they can receive $2,000 in transition money to set up household, bedding and kitchen utensils and that type of thing.

But if you don't have that source, I would ask what about a family who has means, who is a private pay family?

Are they not counted under diversion?

Would you not serve them?

Would you not open them as an open consumer because they happen to have money?

That's where it doesn't matter about their income.

It doesn't matter about their Medicaid.

You may have some benefits to being under Medicaid with some transition monies, but to preclude yourself to say that's the only folks, those are the only folks that we serve for transition and diversion, you're really limiting yourself.

I mean, one thing that we find in Arizona is if someone is in an institution and they're on Medicaid, they are eligible for $2,000 worth of transition monies.

If we happen to have moved them to assisted living, more of a community type based setting on the way to an apartment, in assisted living, they've lost that eligibility for the $2,000.

But we're still going to serve them, and work toward their goal of independence in the community.

So long story, long answer to your short question is, don't limit yourself just by their funding source.

BRUCE DARLING: This is Bruce.

I think individual staff may be in programs which are constrained by that, so for our center, if you're a service coordinator in the Medicaid, you know, doing Medicaid service coordination under a waiver, the individual has to meet the criteria in order for that to work.

As directors, it's our responsibility to look more globally and try to make sure that the right mix is there.

And one of the things that we've done, and it is hard sometimes, because there's a lot of pressure to meet the needs of everyone with everything, but there's only a limited amount of funds, so we've worked very hard where we can to use our free form IL dollars as seed money to develop.

So maybe you don't meet the criteria for this particular program, but we're doing a MIRD program with our IL funds through our IL staff that develops the capacity that we have to meet that need and we've turned it around and used that to demonstrate the need for those services and supports.

That's how we actually developed our transition services and the transition funding it was using our IL funds to model the work to show, first off, oh my God, it can actually be done, because New York did not believe it was possible.

And then actually to build that out and then other funds came in to support the actual work and build out the infrastructure that way.

And then we've done other things, identifying groups.

So there's a portion of just general services that go on and on, but a portion of those dollars we're trying to use as seed funding to build capacity and to develop additional funding streams.

DARREL CHRISTENSON: To follow up, if I could with that, we were fortunate for a number of years that our board of directors set up a separate line item of $20,000 as a reintegration slush fund, so we were able to assist at least 10 people to use that for that transition monies and such if they were not Medicaid eligible for the other 2,000 through that source.

So you just navigate through discretionary funds, Part C funds, however management sets it up, but again the bottom line point here is don't let a family or an individual's income dictate whether or not you can provide transition or diversion services, period.