

**Next Meeting – September 28, 2006  
1:30 PM  
Smyrna Rest Area**

**GOVERNOR’S COMMISSION ON COMMUNITY-BASED ALTERNATIVES  
FOR INDIVIDUALS WITH DISABILITIES’  
HEALTH CARE COMMITTEE MEETING MINUTES  
AUGUST 28, 2006**

**PRESENT:** Tim Brooks, Co-Chair, CDS; Karen Gallagher, DDC; Consumer; Victor Orija, DSAAPD; Michelle Hess, CDS, Commission Staff; David Lindemer, DSCYF; Miranda Marquez, DVR; Tom Kelly, DDDS; Pat Maichle, DDC; Jamie Wolfe, DDC/SCPD; Kyle Hodges, Committee Staff; Linda Bates, SCPD Staff.

**GUEST:** Sue Hansen

**CALL TO ORDER:** The meeting was called to order at 9:15 AM.

**APPROVAL OF MINUTES**

The minutes from the July 06 meeting were approved as submitted.

**BUSINESS**

**Review of Draft Plan**

The Committee was provided with a revised draft plan. The Committee requested that the objectives be numbered. The following observations and recommendations were discussed.

Goal 1

Objective 1 – Expand personal attendant services (PAS). It was agreed to make this cross disability and include a planned action to eliminate the waiting list.

Objective 2 – Increase respite care. It was agreed to add under “Public Policy/Legislative Initiative” that DHSS would need to adopt a centralized plan or legislation may be needed. Tim noted that the CDS “study” will be looking into an emergency plan. The Caregivers Coalition will be meeting with the new CDS staff and act as an advisory committee.

Objective 3 – Back-up system. It was agreed that this should be for all new and existing plans, programs, and waivers addressing PAS. It was agreed that the planned action should read consistent with the following: Create an infrastructure that allows for an emergency back up system.

Objective 4 – Increase visibility of PAS program. It was agreed that this should also be cross disability and may have a small fiscal impact. Jamie will send the website that has a study on paying relatives.

Objective 5 – Pay family members for providing PAS. It was agreed that to add a planned action that an infrastructure is needed and that DHSS policy will be needed.

Goal 2 – It was agreed that this Goal regarding a “one stop” should be an objective under Goal 1. In addition, the following was discussed regarding the objectives:

- Train Medical care providers on disability needs and available community-based services. It was noted that the Planned Action should only include collaboration with the Health Care Commission. In addition, the Public Policy/Legislative Initiative should also include the possibility of expanding licensure regulations. Finally, it was noted that “available community based services” should include access to mental health services, including pre-service training.
- Regarding the FTE position, it was noted to reword this objective consistent with the following: Create a statewide, interdepartmental and interdivisional FTE position of "Grant Coordinator" who would research and coordinate grant opportunities for all people with disabilities and recommend ensuing actions.
- The following objective may not have appeared on the spread sheet as there were difficulties printing the document: Implement a better system of state agency collaboration when developing eligibility criteria so persons with disabilities are better able to access services. This was also moved to Goal 1.
- The following objective may not have appeared on the spread sheet as there were difficulties printing the document: Integrate health and wellness programs for persons with disabilities across state agencies and the provider community. This is the language provided by Tom Kelly. It was placed under Goal 4.

Goal 3 – This is now Goal 2. It was agreed to invite Martha Toomey or Kathy Goldsmith to a meeting to refine this Goal. Kyle will contact Martha.

Goal 4 – This is now Goal 3. It was agreed to ask Rita Marocco to reword this Goal to make it “action oriented”. It was agreed that Objective 1 was accomplished so it will be deleted from the plan. In addition, it was noted that another objective should be inserted consistent with the following: Develop and implement a marketing and outreach campaign to inform and educate Delawareans on mental health insurance parity. The other objectives still need to be addressed with the help of Rita Marocco.

Goal 5 – This is now Goal 4. The language Tom Kelly provided will be an objective. This was noted in Goal 2 and reads as follows: Integrate health and wellness programs for persons with disabilities across state agencies and the provider community. In addition, the FTE Grants Coordinator objective in Goal 1 can also be used as an objective

under this Goal. Kyle will check on the American Association of Health and Disabilities website for more information.

Goal 6 – This is now Goal 5. Kyle will invite Matt Denn to a meeting to help us refine this Goal.

Kyle and Linda provided materials from the DD Council; NAMI; the Joint Retreat; information on Respite; and an editorial on National Health Care. Pat noted the following 3 statements from the DD Council Position Statement:

- The inclusion of people with disabilities on hospital boards and others.
- An independent, impartial review board that includes people with disabilities to review problems as they arise.
- An appeals process when disagreements exist.

These need to be included in the plan. There may need to be a separate goal “Health Care Rights”. The aforementioned materials still need to be reviewed.

## **ADJOURNMENT**

The meeting was adjourned at 11:15 AM.

Respectively submitted,

Kyle Hodges  
SCPD Administrator

ExecOrder50hemin8-06