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We're going to get started in just a few minutes, welcome, everybody. If you have not done so yet, please feel free to practice muting and unmuting yourself. Yeah, we'll get going in a couple of minutes, exciting to see so many people on already. If you guys want to practice and say hello, feel free to do it.

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Wonderful. And I see Steve Wright, you have your hand raised. Did you mean to do that?

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>>SPEAKER: I wasn't aware of that.

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>>SPEAKER: Okay, great, I just wanted to check in with you, make sure you're all right, I'll lower your hand, no problem. Wonderful.

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Well, it looks like we are at the top of the hour here. Again, if you guys don't mind, if you're not speaking, if you could practice muting and unmuting from home, it just kind of helps keep as much background noise as we can down. And I see people still introducing themselves in the chat, that's great, I'm excited you're all here and to talk about this really important issue.

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Just a little kickoff again, this is an APRIL cares support call, the Association of Programs for Rural Independent Living. And we're just really excited to have you all here today. So just a couple of little reminders, you can turn your web cam on and off with that little video camera icon and you also have the controls -- you also have the control over your own microphone. So you can press the little microphone function. In order to mute yourself. Or you can mute

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and unmute from home on the phone, would should be able to press star 6 or a mute button on your device, that works as well.

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If you are trying to access captioning at this time, press the CC button and I'll throw that in the chat as well. And that will pull up those captionings for you. And if you have any trouble at all, I do have my other handy device here, and so if you can e-mail me at molson.April @ gmail.com, if you're having any troubles accessing anything, feel free to e-mail me, I can access that and we'll try to get you in.

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And so with that, I just want to again remind folks, if you can keep yourself muted at home, when you're not talking, just helps with that feedback issue. And then, while we're building this community, please say your name, the organization you might be with and your city and state, where you make your comment or question, just so we can get to know each other while we're working on these issues.

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And the nice thing about that is hopefully it turns into nice peer support outside of these calls as well. And then, you know, just with all of the peer support groups, we just want to say all questions are good questions. And just respecting that, we're all at different levels of our process, and of our program development.

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And with that, that brings us to our really important topic for today, and so this actually is a little offshoot, it's not technically a rule conversation community, this is a call that APRIL is supporting because on our last call, there was so much interest around this nursing home and institution transition. We decided to put in an extra call into this. And so with that, I kind of want to turn it over to the group and really talking about this idea of transition during COVID-19.

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You know, what does that look like? What does, you know, transition from an institution look like in COVID-19 at your organization? Or for you? You know, do you have any questions or barriers that you would like the solution workshop with your peers? And then, you know, if you have any successful resources for direct care or housing or other useful resources for transitioning, please share them with this group so that we can continue to help more folks get out of there.

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And so with that, I'll see if anybody wants to jump in and just start us off? The brave soul.

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>>SPEAKER: Good morning.

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>>SPEAKER:

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>>SPEAKER: So this is Brian HOLeneder, I'm with independent living resource center in Santa Barbara, California, we cover can to Barbara, venture and -- counties, this is actually right now, nursing home transition and diversion is kind of our biggest challenge because partly because we -- we had a program here called California community transitions, that dealt specifically with people transitioning from skilled nursing facilities to the community, however, the funding

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for that dried up and so now we're sort of doing transition, nursing home transition as, you know, part of our general out reach, but during the COVID-19 quarantine, we haven't really been able to do that because we can't go into any skilled nursing facilities to talk to people or even, you know, meet with care managers or social workers or discharge planners or any of that stuff. And the same is true for our hospital environments. So I actually

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got on this call because I wanted to hear what other people are doing about nursing home transition and diversion, because primarily what we're doing right now is the diversion piece, but not so much the transition piece.

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>>SPEAKER: Right now have not slowed down at all, we've actually increased transitions during this time. And we've got what we call a nonor a hands-off, a non-hands on transitions going on, where everything we're doing is through e-mail, online, right down to all of our HIPAA, our paperwork, everything is going to and from the social worker and t back for signatures. We're talking to the individuals in the nursing home that we're going to transition out through conference calls with the

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worker's office generally, when it cops to transition everybody out, as far as -- I know everybody has got their own versions of the transition, but we work with ( Inaudible ) person grant, ( Inaudible ) and we also do our own independent transitions as well. When we move somebody out, we not only find them housing but we use the funds to purchase the housing and furnishings that they need and we're doing all of that online as well

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and everything is directly ordered and sent to their home and set up by their -- the individual support system that's their family, friends, so we're doing this without actually seeing them sometimes. But then again, we're doing it the old fashioned way to a degree, too, not being able to go into the nursing home, meeting the people for the first time at the -- outside of the nursing home, when they're being picked up by their support system, taken to the new facility

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to sign the lease with the new home, during that process, and do the shopping for them. We're wearing masks and gloves and the whole nine yards. Ours have continued, we quadrupled more than what we do.

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>>SPEAKER: I have a question, hey, Steve.

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>>SPEAKER: Yes.

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>>SPEAKER: Where did you say you were from, you're with an independent living center?

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>>SPEAKER: Yes, I'm with -- we're called empower abilities, in Springfield, Missouri, IND PEND living facility.

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>>SPEAKER: Our CIL, so I'm wondering, it sounds like you probably have built a really good relationship before the this pandemic started with your nursing home social workers and administrators what have you. Is that why you're getting referrals now? Or --

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>>SPEAKER: Yes, people are wanting out now, that's why we're getting a lot of the referrals, but I cover 27 counties, there's 95 nursing homes in those counties and we have good relationships with pretty much all of them, we communicate regularly and transition people out whenever it's necessary. But during this time, we are getting a lot of referrals due to the relationships we've previously built, but especially ( Inaudible )

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strengthening those relationships, because not being able to get in to see an individual, hands on, I'm paranoid about who I bring out, I don't want their blood on my hands as I would put it. And so I've got a great deal of trust that's going into that social worker at the nursing home. And their administrator. Because I don't mean this in any negative way, I transitioned out myself 12 years ago through the MFC program after spending five years in a nursing home.

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>>SPEAKER: Wow.

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>>SPEAKER: The fact is, people are going to tell us whatever we want to hear. Or what they think we need to hear. To get them out. So that trust has to be developed in that social worker before I do that, just like somebody who -- ( Inaudible ).

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>>SPEAKER: Right. No, thank you. I -- it sounded like what you were doing was based on all of the work you had done before. So thank you for talking about that, I appreciate it.

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>>SPEAKER: I'm wondering for people like me who are in a very different situation, how people are going about trying to develop or cultivate those relationships because, you know, when we first started doing MFP, many years ago, we did get a lot of referrals, people were dealing with us, and now it's, you know, WELG, this person needs more care than you can give, so

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I didn't refer them. How did you get in touch with them? Why don't you come talk to them? You know, so, so it's very, very difficult.

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>>SPEAKER: This is Molly from Lewiston, Idaho, disability action center, center for independent living, and what we're doing, we have a real housing shortage here, we're in a very rural community so housing is a bust as we call it. It's a -- it's pretty difficult, sometimes up to a year, now, I also work with -- money follows the person in -- how it works here Idaho, the person has to be the one that actually contacts the nursing home to remind them that money follows the person exists a

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transitioned out. We do have very good relationships with our nurse reviewers here in Idaho, so those folks also can make those referrals to Idaho housing, which then comes down to me. But now, with the -- I'm not sure who all or if anyone got the COVID act money. We've always as independent living centers have been available, that's one of our main core services to transition someone out of the nursing home or use diversion to

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make sure a person doesn't go into a nursing home, but we didn't have any money for that. So now with the COVID dollars that we have, what I'm starting to do this week is because this is an out of money follows the person's pocketbook, this is out of our pocketbook, so now, I am directly contacting nurse reviewers and I'm directly contacting social workers in the nursing home. Because of the housing

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issue, we're kind of approaching this two different ways. Immediate -- what I call evacuation.

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[ LAUGHTER ]

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For folks who have ended up in the nursing home with COVID related issues that can go back into their own home once again. We are going to pay for that. We also are going to pay for anybody who wants out of there because of COVID. Just having problems finding the housing. So what this is -- this COVID money has done for us, is now, I have no restrictions on anybody telling me who I can call and entice out of a nursing home.

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Because we're using money follows the person dollars, I'm going in there, either way, what for. So that's how we've done -- we're starting to do the outreach is actual contact with nursing homes. And talking to them. We're working on some tablet purchases for the nursing homes, so we can do those incontact face-to-face meetings if that's allowable or the fern, consumer would prefer to do that. Than over the phone or if we need an interpreter on hand.

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So that's kind of the approach we're taking right now. So it's a lot of ground to feet work to get into those NUSing homes and keep in mind, these nursing homes really don't want to release some folks because that's money out of their pocket. So I'm trying to work -- work my kind friendship action with social workers, but the nurse reviewers ultimately are on our side. So those folks are really good to have in your corner.

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>>SPEAKER: Can I say something right quick? I just had two transitions where -- I'm still in the middle of a process of transitioning them and I just want to make it known that I had to actually contact my ombudsman because they actually had a problem with having -- one of the housing I had to actually have the person leave

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to go sign paperwork, because it is a state taxed funded. So they had to actually go in person to make the application. And when that happened, when I brought it up to the social worker, they were just no, no, no, we can't do that, they cannot leave the facility, if they leave it, they'll lose all of their benefits. Well, of course, this is not correct. This is against the law. And things like that -- the rights of the residents.

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So I had to contact the ombudsman to make this clear to the administrator of the nursing facility. So just to throw that out there, please do contact your ombudsman if you have a hesitation or any type of a need to contact somebody to help find help to help the residents to relocate.

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The second incident I had a resident that had an unfortunate death in the family, but at the time, he had not passed away yet, he had a massive heart an attack, he had to leave and I did have to deal with the same situation where she had to leave. She had to go for her family. To be with her family. At the time they said no, she's going to the lose benefits, again, I had to call the ombudsman, they made that clear to themmer as the administrator, they are able to leave and come back, th

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hit a wall where they were saying, well, you can come back, but we have 30 days to get you in. The ombudsman made it clear that if they do not have room for her to come back to do the quarantine, that they do have to provide a hotel room for her, find a nursing facility to accommodate for her, but they do have to find accommodations for her to return, and she will not lose her benefits.

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So again, I had to contact my local ombudsman to make that happen. So if anybody is having any problems with anything like that, I definitely recommend that you do so contact the ombudsman to help you make the transition or relocation happen. That's all I have to say.

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>>SPEAKER: Thank you, several people in the chat also agreed with that. You have your hand raised, would you like to speak next?

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>>SPEAKER: Yes, hi, so my name is -- Diaz out of Massachusetts, my job right now and what I'm finding --

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>>SPEAKER: Independent living.

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>>SPEAKER: What I'm finding is that my job is to out reach to the local nursing homes and reach out to the social workers and find out, some of the social workers are uneducated that there are options out there, in all of Massachusetts, able to help residents and consumers transition out of the nursing home and provide them with resources such as money follows the person, and so on and so forth.

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So right now, that's basically what me, myself, as a part of the organization has been focusing my time on. Is providing out reach, I do get referrals for consumers who either want to transition out or stay in the community with proper resources in place.

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I have -- I'm not finding so much of the pushback from the nursing homes that they don't want to release people, but it's all on educating the social workers on how the process is. I have had to use ombudsmans many, many, many, many times, especially around the COVID situation where proper communications were not in place for consumers family members who were wanting to know what is going on with the consumer, their status, or any of that

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so that's just what we have been experiencing here myself.

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>>SPEAKER: Thank you. Sorry, I'm trying to find the person who's doing that.

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All right. Got them.

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[ LAUGHTER ]

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Great.

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>>SPEAKER: I have some things to share.

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>>SPEAKER: Sure, go ahead.

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>>SPEAKER: Yeah. Okay, so my name is Denise, I'm with the southwest center for independence in Durango, Colorado. Much like Steve, we are actually extremely busy, I have four transitions that will be transitioning out within the next month. One is happening starting Tuesday. I think for starters, relationship building is absolutely key. The very first thing I do want to talk to the social worker is ask her

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how she's doing, how she's hanging in there, let her know I know what she's going through, must be really difficult for her right now. I think that helps a lot. Social workers have become one of my main referral sources because of like my relationship with them and also they really like the risk mitigation planning that we do and how thorough we are with that.

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So I've done two transitions already during the pandemic. And some of my -- and we're in a small town. We're a town of like 18,000 proper. So some of my like tips, I guess, are like technology is absolutely crucial. So getting iPads or any sort of technology that the person is capable of using with them in the home. I just did a risk mitigation plan yesterday and we're doing a Google calendar that we all can access, so we can put items into the Google calendar.

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We're getting them a Google Alexa, so that the Google Alexa can alert them, you have a doctor's appointment today, your ride will be here in 15 minutes, and a Google phone to go with that. With alerts as well. Because I can't be in there checking the calendar every day. We're setting up mental healthcare for any of the transitions prior to transition, so that they already have that in place. We're doing all of our meetings via skype, I'm getting everything signed

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and returned to me, and then I'm stapling it together with a sticky note that says actual doctor's -- ( Inaudible ).

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>>SPEAKER: You muted yourself accidentally.

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>>SPEAKER: Oh, sorry. If I can't get a signature, I'm getting a recorded voice of approval for need to talk to someone or I'm getting a text or an e-mail of approval for me to talk to someone, because we can't always get those in-person signatures. Yeah, so I guess those are some of the things that -- oh, and we're also doing the whole COVID section in the risk mitigation plan, we're providing masks and gloves and sanitation supplies for them and also, senior center is giving us

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gift cards for food, so we're stocking their fridge before they move, so that they don't have to go out anywhere. And we're telling them, we have to have a backup plan for 14 days of isolation for them. So in the risk mitigation plan, we're doing a plan for if they don't have any care for two weeks what that is going to look like, so is family going to step in, whatever is going to happen.

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Preordering all of their supplies and getting their beds and everything set up before transition, obviously, and then yeah, so those are learn -- so far, they've been going pretty well.

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>>SPEAKER: Thank you so much for shaking that. A couple of things, a quick poll of folks who are using the computer so you should see that on your computer now. If you don't mind answering them. And then, really quick, Beth gill yam says that they have a question for Molly. Can you unmute? Do you have a microphone? Go ahead. Beth? Hmm. Maybe while Beth is getting her microphone fixed, why don't we go ahead and keep going, Franklin, you said you have a question? Please feel f

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>>SPEAKER: Yeah, hi, so first of all, I just came across something this morning, dealing with the long distance, there is a website by the name of doc sketch, and let me copy this, it's an online signature, you can use that -- you can probably use that and also list it as not original signature there on there, a lot of the organizations we've been working with have been quite awesome, they're very few with limiting releases and such with us.

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If we copy, do a text copy of our consent forms e-mail it, and have them originate -- have them send us back an original e-mail authorizing us to speak to that agency, a lot of the agencies have been very gracious of using -- allowing us to use that to make contact with them very accepting.

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The question that I have, if I can find it, I wrote it down, was one of the biggest problems that we have --

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>>SPEAKER: I have a half hour before I can leave.

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>>SPEAKER: We're having -- trying to ensure the safety of individualing transitioning out. -- individuals transitioning out, is the cleanliness or cleaning units prior to. We're in an area that is not exactly the best -- is not exactly the best for housing, and we certainly don't want to put them from a somewhat clean environment into a dirty unit. Most of the landlords here do not sanitize. So if we're looking at the previous tenants

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may have had COVID, and it was in -- it's still around in the area, the transition, the turn around on these are quite rapid. How is anybody else dealing with that? What crews? Prior to discharge are they doing -- how are they doing that?

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>>SPEAKER: -- we've got good relationships, I not only try to build relationships with the nursing homes but we try to do the same thing with property management companies around our area. And throughout our counties. And most of the ones that we deal with, we try and promote their properties more so than others because of the fact that they're well-taken care of, they take care of our clients well, too, and they're very sanitary, they take

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a couple of weeks time to clean up an apartment before they let anybody else move in. So the turn over rate may be high, but they're taking precautions to make sure everything is clean before we put somebody else in them.

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Regarding nursing homes and the relationships with nursing homes and transitions, we don't have any problem because we PRETDty much contact them -- pretty much contact them, Zoom is a great thing, we were utilizing Zoom before COVID-19. We send out pliers to the 95 -- flyers to the 95 nursing homes that we deal with and we have Zoom meetings, because of the fact that turn over rate is so high in nursing homes around here, anyway, we often get people that aren't familiar with MFP

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or transitions or independent living centers, so we have Zoom meetings, two times every other month. And we educate them on MFP and transitions and what a CIL represents. And that's how we promote that. And more often than not, here with MFP, these social workers have the ABL to enter a referral through the section queue of RMFP system. Rather than doing that, we're getting phone calls all the time, they're doing direct referrals to us

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or to senior services that contracts us. And they're contacting division of health and senior services directly. It spreads, word of mouth, like wildfire. So we have no shortage of people that are trying to get out through the programs that we offer.

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>>SPEAKER: I have a question for Steve. Hi, it's Donna Gillette, Upstate New York, so Steve, right now, with my center, we're in New York, part of our resource center for independent living, we have an office in Amsterdam, closer to Albany, in that area

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but right now, it's just me as the director, and one full time advocate doing everything that we did before. I have been very concerned about what's going on, what we're reading and what's going on with transfers to nursing homes and using them at this time. For acute care treatment for people that they just don't know what to do with, obviously, and, you know, for people with disabilities that we always know get ferried up in that direction. After acute care from hospitals.

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But right now, I mean, we have had the MFP program before, right now, we do have an ombudsman program out of our main office, and that has seemed to me like the way to really find out because they're working remotely and when I talked to them recently, they're having good luck, it's still getting to residents. So but right now, it's just me and my advocate. I want to reach out

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to our folks that we work with at the nursing homes that we have built relationships with, but I'm afraid I can't handle it with just the two of us. So we are looking at this, we're very concerned about this, and I'm so pleased that you're giving this information, we're having this peer discussion.

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I think that, you know, making the calls and really doing the ask, what can we help with, what are you seeing? You know, who do you have that you know has some place to go back to. So we can do all of that. I just, you know, be careful what you wish for with demand. I just don't want to promise something that we're -- because right now, we're not allowed to have any contact with consumers. When we do our soft reopening here

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we're in phase one in just -- phase two, we think, our county executives are saying maybe we're in phase two, governor Cuomo is saying, no, not yet. So we're working through all of that. As information comes in. But I -- we are not allowed to do anything that is face-to-face, so what everybody is talking about with the Zoom meetings, with the social workers

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I'd love that, so I want to thank you all very much for sharing this. That, I can do, and we'll just have to rely on some of our other offices for support and help, we get more than we handle.

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>>SPEAKER: Sorry. I was just going to say that we're very much in a similar boat as you. This is Kirstin from Iowa. Iowa city, Iowa, our center serves 8 different counties. And I currently am the only person that's doing transitions out of the nursing homes in those counties. Along with other duties that I have, and I'm finding it very hard to get out there and build those relationships

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with very many nursing facilities. I have two that I'm pretty close to right now, but the others is just with the demand of people wanting out and all of the other job duties that I have, it's just kind of really hard to be able to meet the demand of people and be able to get out there and let them know that we even exist. So I'm in the same boat as you, so I'm wondering, kind of the same thing, how do I

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with me being the only person, grow this? Because we really want to grow, I see it an injustice WHEEN people are wanting to get out and they're not allowed to.

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>>SPEAKER: How many independent living centers are in your state? ?

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>>SPEAKER: In our state, there's six, and if you think of the state of Iowa, it's kind of like a belt that goes across, we have 99 counties in the state and I think that only 30 are actually covered by a center. Something around there. Sorry.

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>>SPEAKER: Okay.

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>>SPEAKER: But so, it's pretty -- there's not a lot we can do with every county, and I'm trying my best to be able to connect with case managers. That's a good thing to connect with the case managers in the nursing facilities, if you connect with them, they will just refer people to you, because they see the need as well. But like I said, with only me being the only person doing it, it's kind of tricky

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>>SPEAKER: All right. Steve, you're making us look bad here.

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>>SPEAKER: We have subcontracted two independent living centers, so the rural counties, we associate each other in those, that's why I was asking how many centers you have in the state. If you work together like a lot of the ones here, we don't have any issues with tran FERing a client to another -- transferring a client to another county or another region, whatever, just to try to help one another to get somebody transitioned out. And a lot of the rule counties

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it's not the fact that they can't transition people, but they don't have the resources there. So in a lot of the counties that I'm covering myself, we're gaining resources, putting them on a truck and taking them to the counties that we're transitioning somebody in to. So we're buying our products and everything in Springfield, and taking them 100 miles away to the place that the individual is actually moving to. So the resource problem

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and the lack of help is a big issue with a lot of the rural independent living centers.

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>>SPEAKER: This is Mary. Sorry. Just one minute, sorry. If you don't mind, I just wanted to follow up. This is going to be a quick question. Molly, Beth was unable to get her microphone to work, can you clarify, do people need to be in the nursing home for 90 days like through MFP programs.

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>>SPEAKER: No, not at all. There's no stipulations. So we're not confined by any money follows the CARES Act boundaries. Or obligations using the COVID money, they can be in there two day, it doesn't matter.

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>>SPEAKER: Wonderful, thanks.

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>>SPEAKER: Is -- from Chicago, so we have a couple of different programs, one is a huge program for that covers all county, and the state allows us, when it comes to the documentation, to obtain virtual signatures and informed consent form, for example, so if we have a witness on the call when we calling the consumer, we can just put the witness name on the form and a comment that the signature was obtained virtually over the phone.

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So this site accepts these forms. A lot of the approach right now is -- almost impossible to do just let's try to do what we can. So the major focus right now, going to be on outreach, and trying to find out that the people who are interested and then based on this list, the next steps. But my major question is, and thank you, Bernice, for the idea of, you know, people leaving the nursing facility and coming back and being put in two weeks in a separate room

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and things like that, that might be one of the solutions. But I wonder if anyone had any experience with virtual viewings? So showing units to consumers? Without taking them to the units. And then another thing, one of our major concerns, safety of our staff when transporting. Consumers, even if we can take somebody to a viewing, having somebody who potentially has the virus, and here in Chicago, the situation is in facilities is really horrible

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there's facilities that have over a 100 cases of COVID. So how are you guys dealing with that part?

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>>SPEAKER: So this is Denise. I wanted to respond. I guess first, to the first question, which was how are you -- how are you doing this without doing face-to-face? So I've done two transitions, I have four in the process, I've done no face-to-face. It's been via Zoom. And so we have some support groups here on FaceBook, one called be kind Durango, and one stand together COVID-19. And I can post

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on there to get someone to take one of my consumers shopping and get 40 responses within a couple of hours. So basically, peer support, peer support, peer is support. So asking others in the area that can help you, I posted -- I'm sorry, I have a young one -- I posted looking for people to help physically transport to help set up utilities, to help organize, so socialize, those kinds of stuff. And I got an

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enormous peer is support. So peer support is huge. I think organization is absolutely enormous. You have to have everything ready before you move that person in, think about all of the things that they're going to need before. Like I have someone moving that's blind. And I have a vision specialist going in, putting in a microwave, putting in a phone, all of these resources for them, before they move in. So it's all about that planning piece.

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And then in regards to the virtual tours, I have done virtual tours, I've taken videos, I've taken photos, I've sent those over to the nursing home for viewings. And in my instance, I actually have been able to get the nursing home to bring the consumers to their apartments, so that they can see them, so that they can see it in person in some instances. So I've been able to do that as well. And I don't transport anyone. And it's not even an option. If they can't

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get to their apartment by themselves in some way, whether that's family, whether that's nursing home, whether that's a taxi cab, or another ride service, we cannot transport them. You have to assume that they have been contaminated, I'm sorry, that they have been exposed to the virus, even though we don't have a lot of cases here. The assumption that we're making is that they have been exposed to the virus. So that's in the risk mitigation

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plan. And if we can't make accommodations for getting them there, and keeping them isolated, we can't transition until we can make those accommodations.

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>>SPEAKER: We won't transfer people either, and if those accommodations aren't there, they're not going anywhere. There's various forms of -- various means of transportation around here, like you said, the nursing homes, sometimes they'll drop the individual off, and that happens a lot around here, the nursing homes will transport them to the new home. We do have a bus, and the if we have a driver, there's the biggest problem, keeping a driver.

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But if we've got a driver, they can ride our bus. If they can't, then there's taxi cabs, generally, they've got to -- before we even transition somebody out, that's something that they have to have is a support system, and that support system has to be somebody that they can all KAUL in an emergency situation to be there to help them. Usually they are there on the day they transition out to transport them to the home, as well as to the utility department to get the utilities turn on that

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an active part throughout that day of transitioning and that individual is their transportation. So that's the route that we go there.

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As far as -- we use Zoom meetings to actually interact with the social worker and the client prior to them getting out. That's how we go their whole, we do a transition plan, an options counsel here, I know MFP is different in different states. If they get approveder we get a transition plan, and all of that is done with Zoom, with the social worker and with the individual we're transitioning out. And on top of that, the supports we have in place, we have got supports either through

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CDS or in-home services, so they've got an aide if they qualify for services. That's going to be there to help them if they need to go to the grocery store, if they need anything after they transition out, those are in place to take care of those issues.

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>>SPEAKER: This is Beth and I'm Jamestown, North Dakota, rural America and deal with a lot of the same changes, whether it's inner-city, or farm land. But anyway. I wanted to make a couple red flag comments regarding Denis, idea, I they're great, and great utilization of our resources. Also, I'm dealing with vulnerable individuals.

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And I don't have the time to screen everybody, to do background checks on everybody that is going to volunteer to -- and I see some nodding of heads out there.

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>>SPEAKER: Yeah, yeah, I wondered the same thing.

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>>SPEAKER: Yeah, and we're lucky in our area, and a lot of your areas should have this, is a volunteer program that's available out there, something like RSVP. That take care of that kind of business for me. And so that was just a concern of mine.

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And on another point, I also with COVID, I'm working really hard with a family right now that transition should occur on the 19th. And I'm celebrating that this gentleman wants to do this. But he also is one that kind of does parrot talk for whatever his spouse wants. And the biggest thing right now is that they have not been able to physically see each other since February. And so that's the big driving force. Is that the safest, best option for him, well, man, I'll do anything I can

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I'm trying to be realistic with the spouse, are you going to truly be able to provide care for him 24/7, that he is in a safe environment also. And she works 8 hours a day. And so finding the services is a challenge. Because we have great services in town, but a lot of them aren't taking on any new responsibilities right now because they're having trouble with their staffing issues.

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And so that becomes a challenge for me. But at this point, I think we've got all of the things in place to make that happen.

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>>SPEAKER: Hi, my name is Bobby fields and I'm with the center for independent living. And I have a question. Basically the only transition person in my organization. I have transitioned -- like the young lady said, I've already transitioned this fiscal year, three people during COVID. However, I do more than just the nursing home transition. I also do preventive IRNS institutionalization. And my question is this. If someone can answer it. Our transition not only

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in my state, my city, but I have transitioned from state to state. And in doing so, I have met quite a few obstacles in being able to utilize the COVID-19 cares funding. So I would like to know if anyone else have transitioned from state to state, what problems have you encountered.

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>>SPEAKER: I transitioned one from Texas to Missouri, to Springfield, Missouri. And the hard part about all of this is the fact that each state has their own Medicare and med many Kade program.

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>>SPEAKER: Uh-huh.

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>>SPEAKER: I ended up having them transferred to a nursing home in Springfield, that way they were here long enough to get on Missouri Medicaid and after that, I transitioned them out of the nursing home here.

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>>SPEAKER: Well, fortunately, on that end, I think, I'm proud of my state because she -- the consumer can start that process before they even get here as long as they have a physical address here. Be it a relative or a friend. So that process has already begun with transfer her care -- to this state. Choices program. So which -- choices, it's called choices. The process has been started. T but until that has been approved and put into place, she's going to still need services.

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And being able to utilize the COVID-19 to cover some of the medical equipment that she's going to be needing, temporarily, and other factors, transportation, and so forth, how have you dealt with that?

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>>SPEAKER: Well, the one that I got up here, I wanted her to move into a nursing facility here for the simple fact that I couldn't see who she was in Texas, she didn't have the ability to do Zoom and as I had had mentioned before, a lot of people will tell you whatever they think you need to here to get them out. I didn't want to transition her from Texas into a home here without seeing what condition she was in, and knowing what needs she had. So that I could have the correct

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supports in place. So putting her into a nursing home here, or helping her get into a nursing home here, allowed me time to both let her get on Missouri Medicaid, and me to find her an address to move into. And for me to see what needs she really had. And once she got here, she was 30 days and I transitioned her out. This was not an MFP case. We transfer people without MFP all the time. Actually, the funds that we earned through MFP are put

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into a savings account specifically to transition people that don't qualify for MFP. She had a friend that lived up here, that's why she wanted to transfer up here. That friend provides her transportation, we set her up with in-home services so he's got an aide that comes out five days a week, three hours a day, and outside of this services within in-home, she's got that friend that's pretty much in her life on a schedule daily. She's active member of the church.

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Her friend is a pastor of. And that plays a big support, too, churches are gate for support. She's an active member of that church so they're familiar with her.

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>>SPEAKER: And like you say, you have been doing Zoom meetings right now. And she has quite an extensive physical condition that's required quite a bit of assistance, as well as the equipment. And right now, she's not in a nursing home. She refuses to go to a nursing home and that's all right. So so I'm charged with giving her, like I say, to be able to utilize

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some of the COVID-19 funds to help her with equipment and insurance will not cover. She has presently. And other transportation needs and doctor and stuff like that. I do a lot of preventive --

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>>SPEAKER: I'm on a zoom meeting that I'm just listening.

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>>SPEAKER: Refurbish DME, and donate it back out?

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>>SPEAKER: Oh, yes, we have it call -- act -- yeah, organization, they take in used medical equipment and so forth. Fix it up like new. And they give it back out. To referral recipients that we send over.

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>>SPEAKER: That's our prime resource for our -- any of our clients coming out of a nursing home, that's where I go. We got that -- we do that here, too. And that's my prime resource group. DME.

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>>SPEAKER: Awesome. Sorry, just one moment, I wanted to pop in, quickly, this might be a good time, there's a lot going on. Everywhere, I'm so glad we're sharing so much.

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First of all, I wanted to say there are many people wondering about an e-mail list, so since we kind of pulled this together at the last minute, there wasn't a registration. But many people are dropping e-mails into the chat. You can do that definitely if you're on the phone. You can e-mail me at molson.April.gmail.com, and only send the information if you're willing to have it put on a list. We'll put a

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contact list on that and throw it in the resources on the website and along with the recording. You can e-mail me at molson.April @ gmail.com, I'll sort through that and put that together so folks can be able to contact each other afterwards, there's nothing like good old fashioned peer support.

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And then, great. Sorry to interrupt, Bobbi, did that answer your questions?

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>>SPEAKER: Yes, thank you, that gave me a new avenue to try, so thank you so much, Steve.

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>>SPEAKER: Awesome. I wanted to jump in quickly, Kiera has had her hand raised, did you have a question? Kiera?

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>>SPEAKER: Hi, yes, hi. Let me get to my question, I wrote it down.

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So initially, this was -- I'm just going to reflect, what I'm hearing a lot of is that there's this underlying issue of resources, what we have and what we don't have, the question was to Steve, but I would like to open it up to others as well, I'm wondering when you were discussing the resources that you are bringing to people and the resources that you're utilizing, I'd like to hear about the tangible items that you're getting specifically in terms of resources and

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how those resources are being allocated to you? Yeah, allocation is a huge piece of this, either being funded to us, right, or we need to advocate for it. So that's my question.

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>>SPEAKER: Are you talking -- which resources specifically? Just give me an example?

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>>SPEAKER: Sure. I mean, something I'm working very much on in the Chicago, Cooke county area is accessing PPE, one example. But yeah, just knowing the various organizations you're also like allying with, to make things happen, it sounds like you're interdisciplinary approach, not a silo that some of us are used to.

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>>SPEAKER: Do you have -- are you working with MFP?

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>>SPEAKER: Well, Darius is here from access living, he would know more about it, but it's not something that I think -- it was a pilot program here, and we still follow those steps and guidelines, but it's not something that's supported by our state, it's not a state --

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>>SPEAKER: Well, that's one of the things -- one of the resources we have here is we went to our state about PPE, because we wanted to be able to continue the transitions and we gave them reasons why we wouldn't be able to without it. So they allocated a certain amount of funds through MFP funds to pay for PPE for each of the independent living centers, well, not independent living certains, specifically, but each of the providers that transition out to.

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So we're getting new PPE to supply us and the contractors who do transitions, that's our resource for that. But we also have access through our AT department, who have connections to get PPE as well. And I'm not sure what resources they use. But they have got resources, too.

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>>SPEAKER: What about for nursing homes? That's actually an area that I have -- I've been focusing more on home-based services and providing folks with PPE, but how -- like, has anyone even worked on that at all? I'm just curious? Like getting it to folks who are living in nursing homes?

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>>SPEAKER: Getting PPE to people in nursing homes?

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>>SPEAKER: Yeah?

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>>SPEAKER: Our state is pretty much -- in Missouri, the state is responsible for that. They -- the state has resources for the nursing homes and they're getting theirs through the state.

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>>SPEAKER: Yes, that's the same thing in Texas as well, the state is taking care of that. I'm more concerned about the PPE for home providers, that is not being resourced. I don't see it being resourced in Texas.

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>>SPEAKER: We have several providers here in Missouri and we are one of them. We -- but we're supplying our company, our aides with the correct PPE, a lot to providers down here are doing the same thing , I can't attest for all of them, because we don't -- not all of my clients use all of them. But the ones that we -- that I'm lining my clients up with, they do have the correct PPE.

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>>SPEAKER: This is sandy from options, independent living in green bay, that's where we're having an issue with is getting our personal care workers PPE. And we have a consumer-driven program, so they find their own personal care workers and we act as the pseudoemployer, so when you are saying correct PPE, so we can find a lot of the dusk masks and things like that, but are you talking about surgical masks and N-95, those things that you're able to locate.

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>>SPEAKER: This is what we're getting. I get them by the case. We distribute them to -- those are the masks, we get surgical gloves, we get latex gloves, we get sanitizer, pretty much gowns. Pretty much anything that we can --

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>>SPEAKER: Wait, from who? Can you reiterate from who?

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>>SPEAKER: Resources here, but we're getting the funding through the MFP program. And what we don't get through the MFP program, we're also getting -- using our I don't know if everybody has it, but we have an IL grant to we get here in Missouri, independent living grant that goes to all of the CILs in Missouri, 22 of us.

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And that IL grant funds the PPE as well. We have our own online distributor, I can get that information for you, I'm not the one who orderers it. But I can get the information from the distributor, that way if you guys want to try to order from there, you might be able to.

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>>SPEAKER: That would be great. But really, my question is, are you just using the three-layer masks or for the appropriate or are you using N-95's and the medical grade surgical masks?

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>>SPEAKER: Right here, medical surgical masks.

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>>SPEAKER: Yep, that's what we're looking for. If you can get a provider of those for us, via however, the e-mail chain, that would be fabulous, those are the only things that we haven't been able to find, we can find hand sanitizer, wipes, but the medical grade masks, we're not going to be able to supply with N-95's, we are using the CARES Act that's coming down to the independent living centers in Wisconsin, we don't have money follows the person here. We have

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MCOs, people are dealing with MCOs in their state, managed care organizations.

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And they really pretty much rule anybody that is nursing home SOS I'm expecting them to be getting the appropriate PPE's for the individuals transitioning out and those that are in also. But for us, for just our program, we're having a tough time finding the surgical masks for our personal care workers, so any information would be an appreciated more than you know.

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>>SPEAKER: We were slow to get them, but we don't have any problem getting them, they're just slow to get back to us with them. But we're buying them by the case, we have no problem getting them through the distributor.

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>>SPEAKER: If I could get that, that would be great, I put my e-mail in there. Because we're not opening yet, we're on a three-phase covering the state of Wisconsin, how they're reopening some things, and so we're still in a red phase, where we just have too many active cases, we cover 17 counties. So we have a step plan that we'll reopen just the OP offices, we're all working virtually, but we do want to -- when we do come back to work, we want to make HUR that our personal care worker

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before we can even consider opening our doors.

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>>SPEAKER: Wonderful. So I just want to let you know there are several folks also dropping in play places where they're get -- places where they're getting PPE in the chat, we'll save this chat, pin it and we'll put it with the resources on the April website. I do just want to let folks know.

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>>SPEAKER: Thank you.

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>>SPEAKER: Yes, yes. And we are scheduled for about 30 more minutes. We have the CART until then. And I wanted to double back around, really quick, to a few questions, I have pinned in the chat. One of them is there's some folks, several people were wondering if people don't have access to computers or net in the nursing home for a multitude of reasons, is anybody having success in transitioning them out.

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>>SPEAKER: I'm using a phone system, if they don't are have a way to video chat, I'm doing it on conference call.

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>>SPEAKER: Wonderful.

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>>SPEAKER: I'm doing the same thing, if they don't have the access to zoom, or if they don't have -- if the nursing home doesn't have an iPad or anything like that, everything is done through phone, through e-mail, contacting, you know, emergency contacts, next of kin to try to get any documentations if necessary to transfer out.

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>>SPEAKER: This is Marci from the world institute or disability. If there are folks who are having difficulty getting communication equipment, tablets, and phones.

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s or folks who would like to talk about their experiences with that, it's one of the things that we will be discussing on the global town hall DIKT disability and disaster meeting tomorrow. I just put a link in the chat about that. -- nursing homes and other congregate settings. Please join us, or something that you would like to talk more specifically about, you know, please reach out to me, Marci @ Wid.org.

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And this is the beginning of a really important discussion about how to get resources to the disability-led organizations on the ground in disasters to help folks to maintain their health and their safety, their independence and their dignity, so. Please join us or reach out.

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>>SPEAKER: Thank you, Marci, that leads into a followup question that folks had, they said unfortunately, where they are at, many of those nursing homes don't have individual phones. They're in congregate areas, common areas, and because of that, staff are not allowing residents to use the phones. And so they're wondering if other people are experiencing this or how have you gotten around this barrier?

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>>SPEAKER: So with me, the social workers, all arrange with the social worker, and they'll set up to use an outside space, or a common area, and they'll bring the person in, if that person is not on isolation, if the person is on isolation, we haven't found a work around for that yet. And then we do a zoom call in that space. In regards to technology, I haven't run into that issue, because I think there's a work around. So we have sent Zoom meetings, sent Google meetings, if they don't

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triple aide grant, and I believe there's a national grant out right now, with that, that you can get technology for anyone over the age of 60 so we've been able to start to get iPads and things like that for our consumers that we're working with. But personally, I don't do a transition if I can't see them face-to-face. Because I just don't feel comfortable enough not being able to at least -- I mean, via Zoom, if I can't do a face time call, a Zoom call, if I can't do something, I feel like

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in order to do my risk mitigation plan, I need to see them at some point. Maybe the first phone call, is a phone call, if they're just kind of dipping their toes in. But at some point, I require a video call. I was going say, like Steve said, we have state funding for all of the PPE, too, I this morning dropped off a big bag of PPE, and I left it with the nursing home and it has gloves and masks and sanitation supplies, and then her apartment will already have all of the cleaning supplies ing

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>>SPEAKER: Thank you. And Jodie wanted to add in the chat that they actually offer to and buy prepaid cell phones, if they need to. And then drop them for that individual. And then, Frank mentioned that there is a technology training, it's called senior planet, and they will assist nursing homes to set up and train individuals with their own technology or with available technology. Like Smartphones. So that's another resource.

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>>SPEAKER: I just wanted to add something right quick. Also, I haven't heard anybody talk about the stimulus, and one thing that I realized and I did find out through aging website, a seminar, was that the stimulus is still being provided for those who were in the nursing home. What I'm finding out is that nursing facilities are not alerting the residents of this. There is this whole assumption that if they do get the stimulus, that they'll be discontinued off of the benefits, but that

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I just wanted to bring it up, so that way in case anybody does run into something where you're relocating someone, that what I had to do was make sure that the nursing facility writes out a check to that person because the facility is receiving funding for that person, but they are having -- in this incidence, they had to write a check out to that resident before they leave. So in case anybody is dealing with that, just know that that's stimulus money is their money, it's not counted

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as income. They have 12 months to use that money before it is considered income. That's all I had to say.

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>>SPEAKER: The only difficult thing about stimulus we've had to deal with is the fact that when we go shopping for anything on a transition, almost everything is out of stock. Trying to find resources for all of the things that the transition needs, it's just -- it's a nightmare, sometimes, dealing with that aspect of it. Everybody is taking that stimulus out and acting like it's Christmas and buying new things.

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>>SPEAKER: Awesome, thank you, guys, I just wanted to double back to one more question that we had not really talked about yet, there were several people asking questions about housing. There were different varieties of the question, but in general, are you guys having success, working with most local housing agencies, or, you know, what are you doing in order to help secure housing funding or housing in general for folks?

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>>SPEAKER: And in our state, well, at least in my county, because I know not all of our counties have this, in Texas, we have a program called --

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[ LAUGHTER ]

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-- oh, my goodness, TIBRA, forgive me, a tenant based rental assistance that allow them to have assistance for up to two year, when they're applying for house, it's project access that we apply them for. Initially. And when they're on that list, it usually takes a year or two, which is the reason why we have the tenant based rental assistance, it provides that assistance until they get the project access, which as soon as the project access is accepted, that overrides the TIBRA, that's in new

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>>SPEAKER: We have that for one of the counties that we service, tenant based rental assistance, it works like a housing voucher, but we only have it for one of the counties we serve, the other ones are -- it doesn't work for.

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>>SPEAKER: Our state has developed a pilot program that kind of pertains to tax credit property and we've involved -- we have parter NEed with several contractors here that cover different counties that we've got or some of which cover all over Missouri. But what they have done is they have created a pilot program that has an in-home service provider that -- an aide or a nurse that lives on site, and four referral units for each complex, and these referral units are built for our transit

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it's up to them where they live. But they're an option for them and they're all based at the 30% range of income, so when they move in, they're only going to be paying around $250, give or take a few dollars. They come with the washer and a drier hook up, brand new, usually, none over ten years old, but for the most part, they're within five -- within a five-year range. But we had one that just opened, which was fortunate to us.

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Because half of the transitions that we've done just since last month have gone into that unit. But they're all 0 entry, all accessible, completely accessible, ADA approved, great properties. And we've got them all over the state of Missouri due to these partnerships we have with developers that want to build tax credit property. And they come with transportation as well.

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We've got transportation that are contracted to pick our individuals up at least six times a month. And anything beyond that is up to the individual to schedule and plan. And they can schedule their own rides in those six rides and -- ( Inaudible ) so these complexes, these apartment complexes, come with an in-home provider, they come with transportation, and they're totally accessible.

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>>SPEAKER: Thank you, Steve. I'm wondering, I see MM Murphy? In the chat. I don't know if you wanted to talk a little bit, you've got several comments just about some of the barriers you're experiencing, I don't know if you wanted to talk about it, see if anybody had thoughts?

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>>SPEAKER: Hi, I was looking for the little hand, but I can't find it to raise my hand. Yeah, a couple of things I run into that have been really frustrating is I had one last week who had finally reached the top of the list for waiting list, and had an appointment to go look at the housing. If she agreed that she liked it, and signed for it, it was hers. The nursing home refused to let her go to the appointment because they're still in a -- in Pennsylvania, doing colors, red, yellow,

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to they're locked down and can only leave for medical reasons. Appointments, dialysis. So I explained to them that she'll only have one more chance to go. And if she misses that appointment, she will be removed from the list. I also asked the housing authority to give her some kind of a reasonable accommodation, such as a Zoom call or face time, something

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and they refused, they said she must be in-person to see the apartment in order to take it.

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>>SPEAKER: I had the same incident, like I said, the ombudsman is the best bet, they are the ones that are going to fight for that right with the administrators. And I've already, again, twice, I had that incident where they had to leave, but they have the right to come back, and they have to provide -- if they cannot provide a quarantine area for that person, then they have to find a nurse -- sister nursing facility, or they have to pay

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for accommodations at a hotel until that does become available. They cannot lose their benefits just because of this opportunity to be able to -- it's their right to leave, they have a right to come back. They just need to be able to provide -- they have to know -- the resident does have to know that they will be in quarantine for 14 days or whatever -- how they do it, but, you know, I would definitely contact the ombudsman to get that done and do it as soon as you can.

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>>SPEAKER: I was going to call him yesterday, then I thought I would start with the nursing home administrator, and she's now trying to talk with the housing authority, but I figured if I didn't hear from her by the end of the day today, I would contact the ombudsman.

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>>SPEAKER: And something else that -- ( Inaudible ) housing authority, on the national level, and HUD, I should say, to discuss this concern in this issue, because I just heard it happened in more than just one area. So it's not a unique situation. And not providing a reasonable accommodation, and the second thought was contacting your local state housing authority

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to determine if they have any resources or tools to give you to give back to those housing authorities to educate them on the rights and responsibilities that they have and the rights and responsibility of your consumers, and I also wrote this down down because I'm on the board of the local housing that covers a multicounty area. And I'm going to be talking with them, because I'm not aware of any issues we've had on that front, so I kind of got my undies in a wad for you.

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>>SPEAKER: It's lackca wanna county.

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>>SPEAKER: What did you say, I'm sorry?

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>>SPEAKER: I would suggest you talk to HUD on the national level, would be one, but I would start with the housing authority in your state. Because they should be there to provide guidance and support.

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>>SPEAKER: Thank you.

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>>SPEAKER: Go ahead, please.

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>>SPEAKER: Oh, gosh, this thing, okay. So in regards to housing, unfortunately, Massachusetts is a very small state, and we're very overpopulated. So other than doing a chance application which is the statewide application, and/or trying to assist consumers to either go back to their homes, or get into congregates, I haven't had an issue with housing per se.

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What I will say, though, is in regards to some of the nursing homes in my area, one or two, I'm not going to say all of them, one or two, where I've had to bring in the help of an ombudsman, I've been blunt-faced told that the ombudsman is an advocate just like you, so I wanted to see if anybody else has had that experience.

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>>SPEAKER: I've definitely had the experience of really the ombudsman not being particularly useful. And the people, the residents of the nursing home, when I say what about the ombudsman, started laughing. One thing that I have noticed in my area that might be maybe worth people to look into, there's volunteer ombudsman that go to the facility and then there are paid ombudsman, at least for us, that work for the region. And people have had more -- but the volunteer ombudsman, people w

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nothing will happen, or it will get back to me, and there will be retaliation, so. I'm also wondering if other folks are having that same problem and how they're kind of going -- getting around it.

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>>SPEAKER: Yeah, I just -- I basically gotten -- when you mention an ombudsman to a consumer, whatever can help them in the situation, they will do. It's more of the stat. Like the social workers who kick back to me, like, when I mention, okay, I'll have to call an ombudsman, they're like, okay, they're just an advocate like you, they have no say here. That's the kick back that I'm getting.

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>>SPEAKER: Speaking related to COVID and housing and things like that, developing an evacuation and relief program for consumer choice. We have had nursing homes just completely full of COVID, no options to leave, so we are working with local commissioners and the state right now, we have partnered with people in the community to offer 30-day hotel stays with -- partnered with local restaurants, providing the food.

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We have partnered with agencies to do in-home care where they have a joint room. Just to give them the options to, you know, quarantine appropriately. Many of the nursing homes in this area have, you know, four people in a room, two people in a room, very little options. And we're up to 22 deaths in one nursing home in particular with only a census of 88. So you can imagine that the impact was pretty severe. That's something that we're working on currently.

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>>SPEAKER: Did you say that you were from Arsol, is that in Austin?

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>>SPEAKER: No, in central Pennsylvania.

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>>SPEAKER: Okay, thank you.

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>>SPEAKER: Also a subservice of that program, we're also designing a fast track NHT program, so what we're doing is we're identifying consumers who are close to wanting to go home and offering them a temporary stay in the hotel until we get the other pieces put together, such as maybe they're just a week or two out from securing the housing, so we're diligently working on that because some of these consumers are in nursing homes that COVID is very prevalent in, so if we can possibly preve

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and get them out of that environment, that is what we're doing.

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>>SPEAKER: Thank you. I'm just scrolling through here. Man, this has been fast and furious, and really useful.

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[ LAUGHTER ]

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I'm really glad that so many people are able to join. Just a quick update, there are people e-mailing me, wondering about can they get access to everything going on right now. Yes. So we will put it on the APRIL home page. And we will also send it out on our list serve. I'm going to record this recording in a whole -- and you can look at as it is now, or you can just read the transcript that I'll make available, or -- and also, the chat information. And those resources. but I wanted to me

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that people didn't get answered, I've been trying to follow the chat, but are there any issues that really -- you didn't get a chance to cover yet?

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>>SPEAKER: This is Frank over at the center for independence, I think one of the biggest things that we have to discuss and was mentioned in the chat was housing, shortage of housing, first of all, the short -- the active shortage of housing and secondly, the lack of acceptance of property managers and landlords to accept the housing vouchers, the state housing vouchers, they just don't want to deal with it.

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We have the -- we have numerous property managers out here who will absolutely refuse to accept housing vouchers for this. Even for this program. I really have to sell them on it. The intense case management. But that's something that we have to address in how we are going to approach that issue. We were one of several CILs across the nation to have the -- be invited to a program

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down in ability 360 in Phoenix. And we had discussed a lot of thing, we're working an a program right now, we would like to share ideas on that, we have been sharing ideas, but I would love to see this be a major discussion across the board. Especially rural areas that we're dealing with.

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>>SPEAKER: Thank you, Frank. I also just wanted to saying that u thank you, I see you offered to help Christin -- Kirstin was asking, does anyone have issues with Medicaid funding transferring from the facility to a community waiver? Or to the waiver? And I see that you offered to help her kind of figure it out. But do you have any quick tips this that's you might give, if others are struggling with that?

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>>SPEAKER: As far as the billing is concerned, it's taking me a long while and a lot of things getting paid for that, but I've figured out some things through our state, it might be very similar, it might be very similar elsewhere, so I might be able to help. I'm not -- I'm more than happy to try and take a crack at it with them.

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>>SPEAKER: Thank you. My goodness, you guys, so we are almost at the end of our conversation here. Several people are asking are we going to hold this again? I think my boss is on the line, but I'm just going to go ahead and say yes. And if he doesn't agree with me, he can -- Billy.

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>>SPEAKER: I'll give you my blessing.

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>>SPEAKER: Okay. Great. So it sounds like this was something that was really useful for folks, so we'll pull together all of the information, it might take me a couple of days to sift through all of this great stuff. We'll post it and make sure to announce it, you can find us on FaceBook and our website, I will drop in the bottom. If you haven't dropped your e-mail in the chat yet, please do so or e-mail me at molson.April @ gmail.com, I'll send it out that that list and have that ava

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kind of reach out to some people. I think -- the last thing I wanted to mention, so you guys took a poll, and if you're curious, we had 130 people vote. 91 people or 70% have a dedicated staff person for transition. 39 people or 30% do not. And then 81 people or 62% said that you are successfully transitioning people out of nursing homes. So amazing. 23 people or 18% said we are trying to transition people out of nursing homes

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but not successful yet. And 26 or 20% said we are not currently transitioning, but we want to. Just thought that was some interesting info for you all. The last thing that I just wanted to mention -- no. I lost it. There you go. We do have another peer support call next week, next week's call is IL net sponsored and it will just be around COVID-19. And opening your offices or not.

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And CARES Act funding and how folks are spending that. So if that is something of interest, yeah, Frank, I will share those poll numbers with you, I'll throw them up on the website as well, with the resources. And with that, I want to say I sincerely appreciate all of the hard work you are doing on the ground. And we really appreciate you coming here and

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sharing with everybody else. I think, you know, with community, we are stronger, and so, you know, keep watching for more announcements and we will try to get this stuff out to you as soon as we can. And with that, I appreciate you all. And we'll see you again soon.