



## MINUTES

### Transitions Stakeholder Advisory Council

Google Hangout link: [meet.google.com/gjj-gmae-xff](https://meet.google.com/gjj-gmae-xff)  
Google Hangout Call-in: +1 347-480-3624 PIN: 515 646 803#

**Thursday, July 7, 2022**

**2:30 – 4:30 p.m.**

#### COUNCIL MEMBERS

- Clarice Ambler, DRCOG
- Meghan Baker, Disability Law Colorado X
- Anne Bartels, Sandata X
- Monique Flemings, AHOD Services X
- Paige Gallaher, Atlantis X
- Jennifer Giurgila, ACMI X
- Fallon Gillespie, Rocky Mountain Human Services
- Jennifer Krulewich, Focus Cares X
- LaShawn Love, Love Foundation X
- Tracy Martinez, Touch of Care
- Jenn Ochs X
- Jane Sinclare, CPWD X
- Neal Waite, ADRC Region 3B X
- Miriam White, SJBAAA X

Attendance Link: <https://forms.gle/EDaybu73WZAnPZH7>

#### 1. Welcome and Introductions

2:30 p.m.

- Approval of June Minutes - Minutes were approved
- Review of Action Items  
Lisa summarized what we would like meeting structure to look like moving forward including sharing wins and challenges, adding subgroup or keep everyone together. Pauline and Patricia shared they like option to discuss challenges because that’s how we grow. Patricia and Frank shared not fond of



breakout groups, we should meet, identify problems and have resolution from person in charge that has authority to make change to solve the problem. Decided to keep large group instead of doing smaller breakouts.

- Sharing of any wins and challenges this month

Lisa shared small win has been the work done for the DOJ in subcommittees to solve issues. It's good to see different people coming together to brainstorm ideas. Engagement with stakeholders around home modifications, case management, discharge planning from hospitals and what can be done if we pull resources together. Something she learned around home modifications is that you can start process 180 days earlier.

Jennifer asked about contractors not being available and if we've found any that can do home modifications. Lisa said there are challenges and looking at provider rate increases. Explored one of Ian's ideas of sub-contracting and great to see something from this group was discussed as solution.

Sandra with ADRC in Mesa country asked if installing temporary ramps from DME or another source can be in place while waiting for process and can be funded. Patricia asked if there has to be approved contractor and Lisa confirmed it has to be approved Medicaid vendor but trying to figure out way to subcontract.

Frank asked about RSVP handyman project, which is available around the state. Many are volunteers that do work for cost of materials. They are all retired licensed contractors. Sandra said they work with them a lot as well and suggested reaching out to their contact in Mesa to discuss further. Patricia shared in the chat Seniors Helping Seniors is one of those programs. Lisa asked Frank and Sandy to connect her with their contact.

Shannon asked if one of the discussions with home mods would be going back to basic contract or will it continue through Medicaid billing portal. Lisa said it would be good to simplify the Medicaid portal processes as that's a barrier.

Pauline shared challenges with lack of referrals they are receiving due to severe mental health, drug and alcohol issues. Covid was a concern with decrease in referrals and thought they would increase by now but that's not happening. One reason is staffing shortages in nursing facilities and staff turnover and transition program is not a priority. Social workers said they talk to some residents, but they should be talking to all residents. Pauline has only received four referrals, and none were feasible because of high risk. In May and June, they received nine referrals and only four could recommend due to a lot of overnight care, and because of lack of services it's too high risk for them. They are looking to grow and its very strained with low referrals. Talked to DRCOG about transition referral issue and emailed flyers to social workers. Pauline is also calling social



workers and offered to talk to residents about current situation as well as new residents. Need to get in front of social workers, administrators and residents to give information. Pauline will do whatever it takes to get in front of people as this is a crisis. We don't have transitions if we don't have referrals. Lisa thanked Pauline for sharing her story with the group and what she's passionate about.

Jennifer asked if it needs to be social workers, or can we put together a group that goes to facilitates and promotes this service? Sandra said they have the same issue, so they've started to reach out to the Activities Director. It's the entire facility staff that and they haven't had a real referral in months. Something needs to be done to give appropriate referrals. Reaching to admission staff next to see if they can include their information in the welcome packet.

Frank agreed with Pauline, it's a huge issue. No referrals in quite some time. Issue is social work position is hired by that corporation and many good people have left because they are hearing they shouldn't discuss transitions. Suggested there should be a mandate by law they have patient rights where everyone can see it and give contact information to reach out. Pretty well known they only give referrals for problem residents.

Pauline said you can take DRCOG referral form to residents and have them fill it out to get in the system. Social workers don't have the incentive.

Miriam shared she's dealing with Directors, and they don't have time. Suggested there should be posters like ombudsmen have so they know the program is out there.

Kara, a long-term ombudsman in Larimar County said she is helping to educate and facilitate conversations with facility social workers. All ombudsmen should be aware of transition services as an option and can help collaborate with TS case manager to ensure everything is on track. They help advocate for what resident wants, including if they want to move to less restrictive setting.

Jennifer said she used to live in nursing home and would be happy to talk about transition program to facility residents. Lisa said part of DOJ discussion is doing due diligence to help navigate system and educate community with bulletins, hotlines and flyers. Pauline offered to help however she can, but believes it has to be face to face.

LaShawn echoed what Pauline shared, agencies can be your biggest resource, provide info on program and collaborate to make sure information is consistent across the board. LaShawn agreed with Pauline it has to be face to face.

Shannon asked if it's an option that when the state surveyor goes into nursing home that they incorporate asking residents if they are giving options to explore transition, to determine if nursing facility is asking that question.



Frank said we need to train staff because if we don't there's a sense of plausible deniability and face to face is needed to get out of nursing facility. The facility is focused on keeping heads in beds. Lisa said definitely something to explore.

Patricia shared in the chat, "My experience was I was not informed of the benefits or services we could get instead of placing my mom in a nursing home and once she was in the home there was no talk of her transitioning home. I finally insisted she come home and that's when some services were recommended by the doctor for her to come home. I felt like the fail started at the hospital. I would be happy to share more but it was the worst experience I've ever had, and I did call in an ombudsman no one told me about transition."

Lisa is speaking to the Center for People with Disabilities next week and said she will talk to them about it.

Sandra echoed what Frank and Pauline said, that face to face meeting with residents is needed. Biggest barrier during covid is they couldn't go there and asked if that has changed. Lisa said they should be able to go in there if nursing homes are ok with it and they need to get out formal documentation. Jennifer said you have to call and schedule an appointment. Frank said problem is administrator has to let them in the facilities which can take their census down. Unless they are mandated, administrators don't have to let them in.

Brad said back in the old days he could go into any nursing home and now they ask you to leave and quite soliciting services. Administrator, social worker or both may ask you to leave facility.

LaShawn had close friend in hospital that she was able to educate on transition coordination program. It's good to inform hospitals that this is available and try to get individual in program before discharge. They include DRCOG information in their folder and ask them to be ambassador for transition coordination and include 1-2 referral forms in the folder to spread word about transition coordination in the community.

Sandy asked where we stand with people that have durable power of attorney or guardian. Lisa said you would need to find out from the nursing staff if they can talk to them or not. Lisa asked if we should explore topic of referrals during next meeting, what does it look like in organic sense.

Kara shared in the chat, "If you are being denied entry into SNFs to discuss transition services, please do reach out to your local/regional ombudsman. The State OMB office would be very interested that residents are being denied access to information about living in a less restrictive setting. Additionally, residents' right to receive visitors is protected by 42 CFR § 483.10 F (4).



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| <b>2. Program Updates and Resources</b>       | 2:40 p.m. |
| <b>3. Monthly Topic: Stakeholder Feedback</b> | 3:00 p.m. |
| <b>4. Council Updates</b>                     | 4:00 p.m. |
| • Financial Eligibility Subcommittee          |           |
| <b>5. Open Forum</b>                          | 4:10 p.m. |
| • Discuss Challenges and explore suggestions  |           |
| <b>6. Next Steps and Adjourn</b>              | 4:30 p.m. |

**Next Meeting August 4, 2022 –  
Topic: To Be Determined**

**Submit Questions, Issues, and Comments:**

<https://forms.gle/iRZb5zWq5SyMctEe8>

Reasonable accommodations will be provided upon request for persons with disabilities. Auxiliary aids and services for individuals with disabilities and language services for individuals whose first language is not English may be provided upon request. Please notify John Barry at [john.r.barry@state.co.us](mailto:john.r.barry@state.co.us) or the 504/ADA Coordinator at [hcpf504ada@state.co.us](mailto:hcpf504ada@state.co.us) at least one week prior to the meeting to make arrangements.

