Regional Advisory Committee Agenda

Date	Tuesday, April 18, 2017
Time	11:00 a.m.-1:00 p.m. RAC meeting 1:15 p.m. - 2:15 p.m. Low-income and Disability Housing Options by Patti Uplinger
Location	SCDD Sacramento Office 2033 Howe Avenue, Ste. 160, Sacramento, CA 95825 (916) 263-3085
Call In Number	Listen only, call 1-303-785-9861, Participant pin 1580307 Please call the office 24 hours in advance to let us know if you plan to call in.

Pursuant to Government code Sections 11123.1 and 11125(f), individuals with disabilities who require accessible alternative formats of the agenda and related meeting materials and/or auxiliary aids/services to participate in this meeting should contact Sonya Bingaman at (916) 263-3085 or by email to: sonya.bingaman@scdd.ca.gov. Requests must be received by 5:00pm, April 11, 2017.

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1) Call to Order, Chairperson (Acting), Elaine Linn (FA) — 11:00 a.m.
   a. Welcome RAC Members & Introductions
2) Approval of RAC Agenda, Elaine Linn (FA) — (action)
3) Approval of RAC Minutes from February 21, 2017, Elaine Linn (FA) — (action)
4) Brief reports from RAC members on issues in their counties
5) Public Comment Period

   This item is for members of the public only to provide comments and/or present information to the RAC on matters not on the agenda. Each person will be afforded up to three minutes to speak. Written requests, if any, will be considered first. The RAC will provide a public comment period, not to exceed a total of seven minutes, for public comment prior to action on each agenda item.
6) Regional Center Report, Peter Tiedemann/ACRC Staff
7) Statewide Self-Advocacy Network (SSAN) Report, Lisa Cooley (SA)
8) Regional Office Manager's Report, Sonya Bingaman
   a. A highlight of events, outreach, and State Plan activities in our 10-county area.
9) Community Program Specialist's Report, Kathy Brian
   a. A highlight of events, outreach, and State Plan activities in our 10-county area.

10) RAC Elections for Chair, Vice-Chair, and Secretary, Elaine Linn (FA) (action)

11) Becoming a mobilized, meaningful, informed, and involved RAC, Bingaman and Brian
   a. Review State Plan Goal areas
   b. Why you wanted to be on the RAC (what you can offer, how you can benefit)
   c. Examples of input
   d. What special talents and interests you have
   e. Resources, activities, trainings, events, committees, local government, programs, services, supports in your county, input, stories, speakers
   f. Community needs, issues, concerns, strengths

12) Purchase of Service Expenditures Public Meetings by ACRC and SCDD, Bingaman
   a. Report on SCDD and ACRC meetings

13) Proposed Agenda items for next meeting, Elaine Linn (FA) (action)

14) Adjournment – Elaine Linn (FA) 1:00 p.m.

If possible, please plan to stay for the following presentation:

1:15 p.m. - 2:15 p.m.
Low-income and Disability Housing Options by Patti Uplinger

Regional Advisory Committee Minutes
February 21, 2017

Unapproved

Members Present	Members Absent	Other Attending
Elaine Linn (FA)	Nancy Esparza (FA)	Lisa Cooley (SA) (Phone)
Donnell Kenworthy (FA)	Robert Rogers (SA)	Sandy (Nevada County)
Tyler Busselen (SA)	Karen Mulvany (FA)	Sonya Bingaman
Christine Hickey (FA)	Tony Biondi (SA)	Kathy Brian
Joyce McNair (FA)		
Jane Taylor (FA)		
Tyson Whitman (SA)		
Colleen Moss (FA)		
Kerry Youker (FA)		
Brandy Boyd (FA) (phone)		

1) Meeting was officially called to order, Chairperson (Acting), Elaine Linn (FA) 11:00 a.m.
   a. Welcome & Introductions

2) Approval of RAC Agenda, Elaine Linn (FA) (action)
   Hickey (FA) gave motion to approve; Kenworthy (FA) seconded.

3) Approval of RAC Minutes from December 6, 2016, Elaine Linn (FA) (action)
   Hickey (FA) gave motion to approve; Kenworthy (FA) seconded.

4) Brief reports from RAC members:
   a. Joyce McNair – Sacramento
      SDAC doing outreach, Network Café, Sacramento Food Bank & Family Services (60 Agencies). Represents SCDD as a parent advocate and joined Jason Lindo, ACRC to present Self-Determination Program to parents and self-advocates.
   b. Jane Taylor – Nevada
      Working with her son on his IEP and school making changes to comply with what Jane has requested. She threatened mediation for speech services for her son.
   c. Colleen Moss – Sacramento
      Alta Service Coordinators have a tremendous case load and calls are not returned. She was referred to the Supervising Counselor at Alta, the DDS liaison, and OCRA (David Lopez). She would like to have a list of services available, a safety net for consumers who do not have resources (especially the medically fragile) and respite services for the medically fragile consumers (CP and feeding tubes).

d. Elaine Linn – Sacramento
   Advocating for the State and Federal funding regarding potential Medicaid cuts and block grants. Encourage families to meet with representatives. Get in the door at town hall meetings, what does ACA mean to you? Met with the director of Special Education for Folsom/Cordova about the opportunity for the diploma track for her son.
e. Christine Hickey – Yuba/Sutter
   Sutter area was evacuated during the flooding to Sutter High School. Yuba/Sutter – Attended the emergency planning meeting as they were concerned about what to do with people with ID/DD.
f. Donnell Kenworthy – Yolo
   Attending trainings with the WarmLine to become a parent leader as part of Project Leadership. Attending the Family Voices Conference regarding healthcare needs. Yolo SELPA is planning a Transition Fair to be March 21 for parents. The Transition Fair for students will be February 27th. Parents need G-Tube extensions. Johny & Friends will be on March 11th, it is a faith based disability group.

5) Public Comment Period
   a. Sandy (member of public) – Nevada County
      Sinkhole on Highway 49 causing delays and concern.

6) Regional Center Report, Peter Tiedemann / ACRC Staff
   a. None

7) Statewide Self-Advocacy Network (SSAN) Report, Lisa Cooley (SA)
   a. SSAN finalized presentation on CalABLE, will use it for outreach efforts. Vance Taylor at Office of Emergency Services, Access and Functional needs gave presentation to SSAN.

8) Regional Office Manager's Report, Sonya Bingaman & Kathy Brian
   a. A summary of events, outreach, and State Plan activities in our 10-county area by the Regional Office.

9) Bingaman's Report –
   a. Emergency Preparation Training
   b. Inclusion Trainings
   c. Valley Vision Meetings
   d. Self-Determination Training
   e. Go-Kit Presentation
   f. FAST Chico

g. Crisis Intervention Training
h. Purchase of Service Disparities meetings in Woodland and Sacramento

Brian's Report –

a. The Business Advisory Council (BAC) has been existence a year. Talking to businesses about workforce needs. Quarterly meetings consist of presentations by large and small business leaders. Graphics and More hired 2 people and see and increase in overall staff morale and productivity.
b. Attending Special Education in the Local Plan Area (SELPA) Meetings regarding inclusion and transition into work and/or higher education.
c. Attending and providing input at the Regional Transit Mobility Advisory Meetings regarding route accessibility and application for ridership access.
d. Attending ACRC Board Meetings
e. Updated RAC on the DDS Task Force on transition planning for HCBS Settings Rules ($130 Mil. In requests for transition changes received to DDS statewide) and the Developmental Center closure status statewide (875 consumers currently live in developmental centers).
f. Attended Aging and Disability Resource Center – Yuba/Sutter meeting
g. Visited the Silver Orange – Access Behavioral Teen Center, a full inclusion model in Sacramento.
h. Attended the Sacramento Housing Alliance meetings
i. Planning team member for the Yolo County Office of Education Transition fair for students and parents.

10) RAC Elections for Chair, Vice-Chair, and Secretary, Elaine Linn (FA) (action)
a. Postponed until next meeting.

11) Becoming a mobilized, meaningful, informed, and involved RAC
a. Sonya Bingaman and Kathy Brian
    a. Review State Plan Goal areas
    b. Why you wanted to be on the RAC (what you can offer, how you can benefit)
    c. Examples of input
    d. What special talents and interests you have
    e. Resources, activities, trainings, events, committees, local government, programs, services, supports in your county, input, stories, speakers
    f. Community needs, issues, concerns, strengths

12) Purchase of Service Expenditures Public Meetings by ACRC and SCDD, Sonya Bingaman

a. Flyers shared

13) Proposed Agenda items for next meeting, Elaine Linn (FA) (action)

a. ACRC's Jason Lindo – Emergency Plan for ACRC

14) Adjournment – Elaine Linn (FA) 1:00 p.m.

Hiring Contracted Interviewers

for the Quality Assessment Project

EARN EXTRA INCOME

Recruiting qualified individuals to interview adults with developmental disabilities about the services they receive.

We need interviewers throughout the state of California

Earn $70.00 per interview

Self-Advocates and people who are bilingual* are encouraged to apply

To request an application or find out more about the QA Project, visit:
www.scdd.ca.gov/qap

Questions? Email: QAProject@scdd.ca.gov

CALIFORNIA SCDD
State Council on Developmental Disabilities

* bilingual pay differential available

State Council on Developmental Disabilities
1507 21st Street, Suite 210, Sacramento, CA 95811
Phone (916) 322-8481 Fax (916) 443-4957
e-mail: council@scdd.ca.gov
webpage: www.scdd.ca.gov

PROGRAM DEVELOPMENT GRANT (PDG) CYCLE 40 REQUEST FOR PROPOSALS RELEASED ON

APRIL 3, 2017

for

One or more Program Development Grants up to $260,000

Interested parties, please go to www.scdd.ca.gov for information and instructions on the PDG Cycle 40 Request for Proposals and more information on the SCDD State Plan Goals.

Proposals must have statewide impact and relate to one or more of the following SCDD State Plan Goals:

- Goal 1: Self-Advocacy
- Goal 2: Employment
- Goal 3: Housing
- Goal 4: Health and Safety
- Goal 5: Early Intervention, Education, Transition & Post-Secondary Education
- Goal 6: Formal & Informal Community Supports

Please feel free to pass this information along to other interested parties!!

SCDD-Sacramento &
DRC's Office of Clients' Rights Advocacy
are hosting 4 Special Education Workshops:

Saturday, April 8, 2017, 9:00am-12:00pm Overview of Special Education Rights and Responsibilities	Sabado 8 de abril del 2017, 9:00am-12:00pm Visión General de los Derechos y Responsabilidades de la Educación Especial
Saturday, May 13, 2017, 9:00am-12:00pm Understanding Your IEP Document and Writing Effective Goals	Sabado, 13 de mayo del 2017, 9:00am-12:00pm Entendiendo el documento del IEP y escribiendo metas efectivas
Saturday, June 17, 2017, 9:00am-12:00pm Fair Hearings for Special Education with Margaret M. Broussard, Presiding Administrative Law Judge, Office of Administrative Hearings (9am-11am) & Question/Answer & Parent-to-Parent Support (11am-12pm)	Sabado, 17 de junio del 2017, 9:00am-12:00pm Audiencia Juntas para la Educación Especial con Margaret M. Broussard, Juez de Derechos Presidencial, Oficina de Audiencia Administrativas (9am-11am) y Preguntas/Respuestas y apoyo de Padre a Padre (11am-12pm)
Saturday, July 15, 2017, 9:00-12:00pm Stories of Full Inclusion in Education by individuals with special needs and their parents. Does It Make a Difference? Listen, discuss, and share your experience.	Sabado, 15 de julio del 2017, 9:00am-12:00pm Historias de inclusión total en la educación por individuos con necesidades especiales y sus padres. ¿Hace alguna diferencia? Escucher, discutir y compartir su experiencia.

All workshops will take place at | Todos nuestros talleres estaran disponibles a:
SCDD Sacramento, 2033 Howe Ave. Suite 160, Sacramento, CA 95825

Trainings are FREE, Please RSVP to Sonya Bingaman at 916-263-3085 or sonya.bingaman@scdd.ca.gov.
Please let us know if you need interpreting or any special accommodations as soon as possible.

Please share flyer with others who may be interested!

The Arc.

How People with Intellectual and/or Developmental Disabilities (I/DD) Benefit from the Affordable Care Act (ACA)

The ACA made significant progress in expanding access to health care for individuals with intellectual and/or developmental disabilities. Access to consistent and reliable healthcare is imperative for individuals with I/DD, and the ACA created much-needed reforms to health insurance, addressed systemic discrimination, and expanded coverage.

Expansions of Health Coverage and Long Term Supports and Services

The Arc has a history of supporting expanding Medicaid to cover more low income individuals and provide more flexibility within the program.

- The ACA allowed states to extend their Medicaid programs to childless adults earning up to 138% of the federal poverty level. This change has provided coverage to millions of people, including individuals with I/DD and other disabilities and chronic health conditions who were not otherwise eligible for Medicaid.
- The ACA provided federal money to support Medicaid expansion. The additional federal contribution to expanding Medicaid has helped more people access health care without harming the existing programs that provide supports and services to people with I/DD.
- Several provisions of the ACA were designed to assist states to rebalance their long term supports systems and invest in the community instead of costly and outdated institutions. These include the Community First Choice Option (CFC) and the State Plan Home and Community-Based Services Option (also known as 1915(k) and 1915(i).
    - States utilizing 1915(k): California, Maryland, Montana, Oregon, Texas
    - States utilizing 1915(i): California, Colorado, Connecticut, Delaware, District of Columbia, Idaho, Indiana, Iowa, Louisiana, Maryland, Mississippi, Montana, Nevada, Oregon, Texas, Wisconsin

Selected Examples of Provisions of the ACA that Impact the Lives of Individuals with I/DD:

In addition to expansions of health coverage, the ACA provided important insurance requirements, nondiscrimination provisions, and long term supports and services expansions to ensure that everyone would have options for coverage.

1. Strong nondiscrimination provisions and health insurance reforms such as:
    - Banning the exclusion of people from health insurance coverage based on pre-existing conditions;
    - Preventing insurers from charging people with disabilities and health conditions significantly more for health insurance coverage; and
    - Eliminating annual and lifetime caps on health coverage.

2. Improving affordability of private health insurance through premium tax credits and cost-sharing assistance for low and moderate income individuals and eliminating medical underwriting;
3. Requiring a more comprehensive benefit package which includes rehabilitative and habilitative services and devices, mental health and substance abuse disorder services including behavioral health treatment, and critical prescription drug coverage;
4. Expanding access to health insurance in a number of important ways including:
   - Medicaid expansion to childless adults;
   - Expanding mental health parity provisions;
   - Requiring coverage for dependents until age 26;
   - Creating health insurance market places; and
   - Improving accessibility of medical diagnostic equipment; and
5. Expanding access to long term supports and services by:
   - Creating the Community First Choice Option allowing states to provide comprehensive participant-directed home and community based attendant services and supports as part of their state Medicaid plan;
   - Providing enhancements to the state plan home and community based services option;
   - Extending the Money Follows the Person Rebalancing Demonstration; and
   - Creating the Balancing Incentives Program to incentivize states to increase access to non-institutional LTSS.

Impact of ACA Repeal on Medicaid:

Repeal of the ACA would be devastating for all who have finally found coverage in the last seven years. In addition, repeal would undermine the basic health and long term supports provided by the Medicaid program.

- If the additional Medicaid expansion funding is repealed it will destabilize the Medicaid program in the 32 states that have expanded Medicaid.
- It will force states to make tough choices about eligibility and access to services and supports.
- It could cause substantial competition between diverse groups (children, people with disabilities, the elderly) for scarce resources.
- States would also be faced with how to finance the cost shift from the federal government to the states and may look to beneficiaries, family members, providers, and others to make up the difference.
- Significantly increased cost-sharing is not affordable for people with I/DD who receive Medicaid. Foregoing prescription drugs or other types of medical treatments will harm individuals and increase medical costs.

Maintain Access to Health Care

There are numerous other provisions in the ACA that are important to people with disabilities. The ACA has unquestionably improved access to care for people with disabilities and chronic conditions to help them live healthy, independent, and fulfilling lives. To eliminate the ACA or to eliminate the ACA without simultaneously replacing it with a functionally equivalent alternative, jeopardizes this progress and puts consumers' ongoing access to comprehensive, affordable coverage at risk. It is critical that the I/DD community is a part of any discussion about repeal and replace to ensure that any changes meet the needs of people with disabilities.

Ten Ways the Affordable Care Act Helps Older Adults and People with Disabilities

Prepared By: David Machledt

The Affordable Care Act (ACA) is helping millions of previously uninsured Americans access comprehensive health coverage through Medicaid and the individual insurance market. It has also strengthened consumer protections in Medicare and Medicaid and improved coverage quality in those programs. Below are some key policies that specifically help older adults and people with disabilities.

1. **The ACA has improved access to essential services for people with disabilities.**
   Before the ACA, health plans and Medicaid programs often limited necessary services for people with disabilities or simply did not cover them, such as habilitation services like hearing aids or speech therapy for children. The ACA listed habilitation as one of 10 essential health benefits that all qualified plans must cover. Now, Medicaid programs, small group and individual health plans in all 50 states cover these habilitation services and devices that help people overcome challenges. For example, individuals with autism have better access to applied behavior analysis (ABA), which provides intense one-on-one training to help improve communication, social skills, and other key functional abilities.

2. **The ACA helps millions with behavioral health conditions to get needed services.**
   The ACA strengthened mental health and substance use disorder services by including them as required essential health benefits that qualified plans must cover. The law also bolstered mental health parity requirements to ensure that mental and behavioral health services are covered comparably to physical health services. Many people newly covered under the ACA-established adult Medicaid eligibility group or with Marketplace insurance have chronic or behavioral health conditions or other functional challenges that insurance can help to address. One university study showed that individuals with serious mental illness were 30% more likely to receive treatment when they were covered by Medicaid.[1] Another randomized experiment found that Medicaid coverage resulted in a 30% reduction in the rate of depression.[2]

3. **The ACA created new protections against coverage policies that discriminate against people with disabilities and older adults.**
The ACA prohibits health plans from excluding or charging more to people with pre-existing conditions, who constitute over half the U.S. population and over eight in ten of those aged 55-64.[3] Since the ACA passed, the uninsured rate for Americans with pre-existing conditions declined by at least 22%, meaning 3.6 million people with pre-existing conditions have gained coverage.[4] The ACA's section 1557 also provides important anti-discrimination protections in health programs or activities based on race, ethnicity, age, sex, and disability. Among other things, it prohibits discriminatory plan design, such as placing all HIV/AIDS medications in the highest cost sharing tiers to discourage enrollment, and requires that services, facilities, and health information be fully accessible for persons with disabilities.

4. **The ACA is expanding access to home- and community-based services.**
Medicaid home- and community-based services (HCBS) allow over 5 million individuals to receive services and supports like assistance with bathing, eating, cooking and managing medications that help them live at home rather than in more costly institutions such as nursing homes.[5] Supporting people in the community protects social networks, improves well-being, and lowers Medicaid costs.[6] The ACA expanded access to Medicaid HCBS services by providing states with new options to start HCBS programs and incentives to shift funding to community-based care. Medicaid continues to be a driving force innovating quality HCBS delivery systems, with HCBS funding increasing by 21% from 2010 through 2014 while institutional expenditures remained flat.[7] Eight states have adopted the ACA's Community First Choice option, a program through which individuals receive needed supports to remain at home and states receive extra Medicaid federal matching funds to cover the services.[8]

5. **The ACA provides affordable coverage alternatives for people with disabilities during the Medicare waiting period.**
Each year roughly 1.5 million Americans with disabilities are in the required two year Medicare waiting period before they can become eligible for Medicare due to their disability.[9] Prior to the ACA, many of these individuals had no other affordable options to obtain coverage for needed health care services despite their recognized disability. Under the ACA, they can qualify for Marketplace coverage (with help to make it more affordable if they qualify). In states that have implemented the new adult Medicaid eligibility group, lower-income individuals with disabilities can enroll in Medicaid to help bridge the gap until Medicare coverage begins. Medicaid also helps fill gaps in Medicare coverage after the waiting period ends.

6. **The ACA helps people with disabilities pursue work and educational opportunities.**
Before the ACA, many people with disabilities or preexisting health conditions had no healthcare options unless they fell into extreme poverty. Under the ACA, people with disabilities working in low wage jobs are more likely to have access to coverage through their employer, through Marketplace coverage with tax credits or through the ACA's new adult Medicaid group, which provides access to services that enable them to continue working. The ACA's provision allowing

young adults to remain on their parents' health plan until age 26 also helps give young people with disabilities time to pursue education or find a job.[10]

7. **The ACA makes Medicare more affordable for enrollees.**
The ACA made numerous improvements to Medicare to benefit older adults and people with disabilities. The ACA has already helped 10 million enrollees save nearly $20 billion out-of-pocket on their Part D medications, and will completely eliminate the Part D coverage gap (also known as the "donut hole") by 2020.[11] The ACA also established free annual wellness visits for Medicare enrollees and eliminated cost sharing for important preventive screenings for older adults like routine colonoscopies and mammograms. More than 39 million Medicare enrollees benefited from free preventive care in 2015.[12]

8. **The ACA strengthens care coordination in Medicare and Medicaid.**
Older adults and persons with disabilities often have complex health care needs that involve a number of different medical providers and settings. The ACA promotes a new team-based "health home" model where a central care management team coordinates between diverse providers and assists individuals to manage their own care. This patient-centered model of care has helped increase care quality and reduce hospitalizations and emergency department visits in several states.[13] The ACA also created a new Medicare-Medicaid Coordination Office (MMCO), charged with improving coordination of benefits for the 11.4 million individuals enrolled in both programs.

9. **The ACA helps protect and extend the Medicare program.**
The ACA relieves financial stress on the Medicare program and extended the solvency of the Medicare Trust Fund by 11 years.[14] The ACA protects the future of Medicare by reducing wasteful spending while ensuring the program maintains all its benefits and takes steps to improve care quality. For example, the ACA saves Medicare $800 billion through 2025 without affecting benefits enrollees depend on, primarily by reducing overpayments Medicare made to private managed care plans and slowing the growth of provider payments.[15] Also, by covering more individuals age 55-64 and helping control their health conditions early, ACA coverage expansions decrease health care costs for these individuals when they turn 65 and shift to Medicare coverage.[16]

10. **The ACA stabilizes premiums for older adults with private insurance.**
The ACA limits how much an insurance company can vary premiums based on someone's age. Under the law, an older enrollee cannot be charged more than three times the premium paid by a younger enrollee. Prior to the ACA, no such federal limit existed, which priced many older adults out of the individual insurance market.

ENDNOTES

[1] B. Han et al., *Medicaid Expansion Under the Affordable Care Act: Potential Changes in Receipt of Mental Health Treatment among Low-Income Nonelderly Adults with Serious Mental Illness,* 105 AM. J. PUB. HEALTH 1982 (2015).
[2] Katherine Baiker et al., *The Oregon Experiment – Effects of Medicaid on Clinical Outcomes*, 368 NEW ENG. J. MED. 1713, 1717 (2013).

[3] OFFICE ASSISTANT. SEC'Y FOR PLANNING & EVALUATION, HEALTH INSURANCE COVERAGE FOR AMERICANS WITH PRE-EXISTING CONDITIONS: THE IMPACT OF THE AFFORDABLE CARE ACT, (Jan. 5, 2017).
[4] *Id.*
[5] STEVE EIKEN, TRUVEN HEALTH ANALYTICS, MEDICAID LONG-TERM SERVICES AND SUPPORTS BENEFICIARIES IN 2012, 2 (Sept. 16, 2016.)
[6] Carol V. Irvin et al., MATHEMATICA POLICY RESEARCH, MONEY FOLLOWS THE PERSON 2014 ANNUAL EVALUATION REPORT, 42, 68 (Dec. 18, 2015).
[7] STEVE EIKEN ET AL., TRUVEN HEALTH ANALYTICS, MEDICAID EXPENDITURES FOR LONG-TERM SERVICES AND SUPPORTS (LTSS) IN FY 2014: MANAGED LTSS REACHED 15 PERCENT OF LTSS SPENDING, 30 (Apr. 15, 2016). HCBS funding has likely increased since 2014, but that data is not yet available.
[8] Those states are CA, CT, MD, MT, NY, OR, TX, and WA. Additional states (AR, CO, MN, and WI) have applied or are considering Community First Choice. Joe Caldwell, *State Talk for Seniors: The Affordable Care Act and Long-Term Care*, NAT'L. COUNCIL ON AGING (Dec. 19, 2016), https://www.ncoa.org/blog/straight-talk-affordable-care-act-long-term-care/.
[9] *Selected Data from Social Security's Disability Program*, SOC. SEC. ADMIN., https://www.ssa.gov/oact/STATS/dibStat.html (last visited Jan. 4, 2017). The total number of SSDI awards in 2014-15 was 1.59 million, though this data may include some duplicates, which translates into roughly 1.5 million people each year in the two year waiting period for Medicare.
[10] NAT'L COUNCIL ON DISABILITIES, THE IMPACT OF THE AFFORDABLE CARE ACT ON PEOPLE WITH DISABILITIES: A 2015 STATUS REPORT 32 (Jan. 26, 2016).
[11] Press Release, Ctrs. for Medicare & Medicaid Servs., More than 10 Million People with Medicare Have Saved over $20 billion on Prescription Drugs since 2010, (Feb. 8, 2016), https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2016-Press-releases-items/2016-02-08.html.
[12] Id.
[13] MARCI NIELSEN ET AL., PATIENT-CENTERED PRIMARY CARE COLLABORATIVE, THE PATIENT-CENTERED MEDICAL HOME'S IMPACT ON COST AND QUALITY (Feb. 2016), https://www.pcpcc.org/resource/patient-centered-medical-homes-impact-cost-and-quality-2014-2015.
[14] BOARDS OF TRUSTEES OF THE FED. HOSPITAL INSURANCE & FED. SUPPLEMENTARY MEDICAL INSURANCE TRUST FUNDS, 2016 ANNUAL REPORT (JUNE 22, 2016).
[15] CONG. BUDGET OFFICE, BUDGETARY AND ECONOMIC EFFECTS OF REPEALING THE AFFORDABLE CARE ACT, 10 (June 2015).
[16] The uninsured rate for adults from 55-64 dropped more than a third between 2013 and 2015. JESSICA C. BARNETT AND MARINA S. VORNOVITSKY, U.S. CENSUS BUREAU, HEALTH INSURANCE COVERAGE IN THE UNITED STATES: 2015, (Sept. 2016), https://www.census.gov/content/dam/Census/library/publications/2016/demo/p60-257.pdf.

Emergency Evacuation Planning
for Students with Disabilities
by Lori E Scott RN, BSN, MS

The school system has a moral, ethical, and legal responsibility to keep their community safe in the event of an emergency.

Imagine, for a moment, that you are strapped to a wheel chair on the landing of a stairwell
while of your peers and school staff exit the building, leaving you behind!

In this era of threats of violence and shootings along with fire and weather emergencies, the paramount need is effective emergency evacuation plans for students with disabilities.

Schools must design plans for the individual needs of students, including those who:

- have physical disabilities
- have sensory disabilities
- may lack understanding of a situation
- are unable to act quickly

Although Title III of the ADA broadly addresses "discrimination on the basis of disability in the activities of places of public accommodation such as restaurants, movies and schools," most schools have evacuation procedures that call for a person with a disability to *shelter in place on the landing of a stairwell and wait* for EMS rescue.

School personnel and visitors with disabilities also need protection.

Preplanning is Imperative

Preplanning for natural disaster, fires, active shooter, terrorist attacks, unplanned releases of chemicals in a school is imperative in today's world.

School systems must have the capacity to move all students, staff, and visitors with disabilities to a safe location immediately at the time of an emergency.

Sheltering in place and waiting for EMS to arrive for rescue can cause extreme fright and anxiety to the person with disability. Another result could be harm from burns, smoke inhalation, or by being in harms way of an active shooter.

Mitigation (the effort to reduce loss of life and property by lessening the impact of disasters) is a crucial part of emergency planning in schools and should never allow leaving anyone behind because they are differently abled.

Robust Emergency Planning in the 504 or IEP Process

Robust emergency and evacuation planning should be part of a student's 504 and IEP process.

Schools must protect every student at risk for incompetent decision-making and physical immobility at the time of an emergency.

Comprehensive Written Plans

Emergency and evacuation planning should include a *comprehensive written plan individualized to meet the student's needs*. Attach the plan to the IEP or 504.

This plan should ensure:

- full mitigation
- practice drills
- staff training
- evaluation process to identify obstacles before an emergency occurs and as they arise

Schools may implement the use of a stair evacuation device, two-person lift, or med sled as a means of removing someone in need from a multi-floor building.

Staff must be trained on the use of evacuation devices. Drills must occur to ensure everyone's safety and ability to use devices as needed.

Mobility is NOT the Only Concern

Some students may be mobile but unable to seek refuge or get themselves out of a building without one to one assistance. A successful evacuation may depend on a teacher or paraprofessional guiding the student to safety.

Staff should pre-identify and address this need in an emergency plan with the IEP team.

Parents who have children with special evacuation needs should make sure this is on the agenda for discussion at the team meeting. When a plan is complete, it should be added to the IEP or 504.

Staff and visitors with disabilities can also be at risk. School administrators and staff should develop a plan to necessitate provisions and share the information with all people concerned.

Through the entire process, the school system has a moral, ethical, and legal responsibility to keep their community safe in the event of an emergency.

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Meet the Author

Lori Scott RN,BSN,MS is a Nurse working in the field of health care consulting for special needs schools and facilities. She is an advocate for special needs children and frequently speaks at National seminars regarding health services and health planning for the disabled. She is the mother of three children.

More Links

Proposed bill creates task force to review school evacuation plans for people with disabilities

Evacuate Cassidy

Mother outraged by school evacuation plan for disabled student

Created 03/20/17
Revised

This page printed from: http://www.wrightslaw.com/info/emer.evac.plans.scott.htm

22nd Annual Calif. Statewide Self-Advocacy Conference

Friday & Saturday May 5th & 6th, 2017

Statewide Sponsors

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George F. Kelso Library
SCDD - Sacramento Office
SEIU CA Dev. Disabilities Council

Presented by: **Supported Life Institute**

"Self-Advocacy Round-Up"

WELCOME again

Western Region Self-Advocates
From: Nevada, Arizona, Hawaii

Crowne Plaza Hotel
Sacramento Northeast
5321 Date Ave.
Sacramento, CA

Supported Life Institute www.supportedlife.org *address: 1010 Hurley Way, Suite 180, Sacramento, CA 95825 916-567-1974*

22nd Annual Statewide Self-Advocacy Conference

Western States Self-Advocacy Round-Up

PROGRAM

FRIDAY, May 5, 2017

8:00	REGISTRATION BEGINS
9:00	WELCOME *Featuring: Jordan Kamnitzer*

Keynote:
Triumph: My Story of Overcoming the Odds
Russell Lehmann
Nevada Governor's Council on Dev. Disabilities
Autism Coalition of Nevada

10:00	Check Out the INFORMATION & SALES FAIRE
10:30	"OPEN MIC STUDIO" & LOUNGE OPENS
10:30	SESSION # 1
11:45	LUNCH
12:55	SESSION # 2
2:00	SESSION # 3
3:30	Karaoke Contest
6:00	DINNER
7:15	DATING GAME Presented By: SelfAdvocacy Council 6
9:00	DANCE "Western"
11:30	END OF DAY 1

SATURDAY, May 6, 2017

8:00	REGISTRATION BEGINS
9:00	WELCOME *Featuring: Statewide Self Advocacy Conference Committee*

Keynote:
Growing Up With Autism
Stephen Hinkle
Self-Advocate and National Speaker

10:00	Learn from Exhibitors at the INFORMATION & SALES FAIRE
10:30	SESSION # 4
11:45	LUNCH
12:55	SESSION # 5
2:00	SESSION # 6
3:15	Closing: "Clips From the Conference" "Song Selection: Michael J. Valcour"
3:45	RAFFLE DRAWING
4:00	END OF DAY 2

Statewide Conference Planning Team Is Looking Forward to Offering Another Great Program!

HOTEL ACCOMMODATIONS

Crowne Plaza Hotel
5321 Date Ave.
Sacramento, CA 95841

A special rate of $122.00 per night is available for those attending **Statewide Self Advocacy Conference**. All rooms are subject to city tax and tourism assessment so please see our hotel reservation form for the exact totals that include all taxes and assessment fees.

- To make reservations, **contact the Crowne Plaza Hotel** directly **916-338-5800 ask for Reservations** and make specific reference to the **Self Advocacy Conference**. To ensure receipt of this special rate, make reservations before **April 24, 2017.**
- There is ample free parking at the hotel.
- **Super Shuttle provides Airport shuttle service** to the hotel. Call them for fee information (800) 258-3826

EVERY GUEST OF THE CROWNE PLAZA HOTEL ENJOYS A COMPLIMENTARY HOT BREAKFAST BUFFET EACH MORNING OF THEIR STAY!

(Conference provides Friday & Saturday Lunch and Friday Dinner)

Mail your *Conference Registration Form & Medical/Support Needs Form* + check/money order **by April 21st** to:

"Supported Life Institute"
1010 Hurley Way, Suite 180
Sacramento, CA 95825

Group Discount ! ! !

Groups: Register 5 people & receive 1 support staff FREE

All Group Registrations Must Be Received Together

Conference registration Cancellations/Substitutions:

Written cancellations may be made until April 21, 2017 and will be refunded minus a 25% administrative fee.

Requests for refunds (incl. for "no-shows") will not be accepted after April 21st.

With advance notice, substitutions are welcome.

The Supported Life Institute will send a written **confirmation** of your conference registration.

Questions?
Call the Supported Life Institute at **916-567-1974**.

NOTE: There will be a videographer/photographer at the conference taking videos of conference activities and in the Open Mic Studio. Segments of these tapes will be shown during the conference and may be used to create a DVD of conference highlights. If you do not want your picture to be used, please let us know at the conference registration desk.

TRANSPORTATION TO THE CROWNE PLAZA HOTEL IN SACRAMENTO

- **From Airport to Hotel and back, contact Super Shuttle** for Schedules and Fares: **800-258-3826.** (Super Shuttle may need advance notice to have enough wheelchair-equipped vans available.)
- Contact **ParaTransit** 916-429-2009 about travel from **Greyhound or Amtrak** stations to Hotel & back: (best to call weeks ahead to register and set up a "client record," if you are from out of town)

CONFERENCE SESSIONS - 22nd Annual Statewide Self-Advocacy Conference (Crowne Plaza Hotel, Sacramento)

Friday, May 5, 2017
Sessions #1 • *10:30 a.m. – 11:25 a.m.*

Overcoming Obstacles in the Workplace
Parker Neece, Rohnert Park

"Perfectly Normal": The Signs of Recognition and Acceptance
Jordan Kamnitzer , Los Angeles

How the CalABLE Act Works for People w/ Dev. Disabilities
Robert Levy / Lisa Cooley, Orangevale / Rancho Cordova

Becoming a Transgender Filmmaker
Christina Hart, Folsom

Self-Advocacy Training Theater - A
Sponsored by George F. Kelso Library

1

Saturday, May 6, 2017
Sessions #4 • *10:30 a.m. – 11:25 a.m.*

Relationships...A Happy and Loving One is Best
Herb Hastings, Regional Center of the East Bay, San Leandro

Are You Ready for an Emergency?
Robert Rogers, Sonya Bingaman, SCDD-Sac Office, Sacramento

Overcoming Obstacles Through Self-Advocacy
Zachary Miller / Theodore Walker, Sacramento

Getting a Loan for Your Microenterprise
Board Members, Lending Works, Inc., Davis

Self-Advocacy in Hawaii
Hawaii SAAC - Self-Advocacy Advisory Council, Honolulu, Hawaii

Self-Advocacy Training Theater - D
Sponsored by George F. Kelso Library

4

Friday, May 5, 2017
Sessions #2 • *12:55 p.m. – 1:50 p.m.*

What is Working & Not Working for You?
Share w/ OCRA Advisory Committee
Katie Hornberger, OCRA/Disability Rights Calif., Sacramento

Work Accommodations: The How-To Guide
Carly Fulgham, Self-Advocate, Camarillo

Rock Your Next IPP Meeting!
People First of the Creative Center, Visalia

Losing the Dream
Michael Long, Sacramento

Self-Advocacy Training Theater - B
Sponsored by George F. Kelso Library

2

Saturday, May 6, 2017
Sessions #5 • *12:55 p.m. – 1:50 p.m.*

Sexuality: Removing the Barriers and Policies
Stephen Hinkle, San Diego

How to Control Your Stress on the Job
Charles McCarron, Sacramento

Medications and How to Take Them Safely
Tyson Whitman & Sonya Bingaman SCDD - Sacramento Office

ACCEPTANCE is "Treatment" That Can Be Administered Daily
Qamdhyn J. Hale, Antelope

Self-Advocacy in Nevada
People First of Nevada

Self-Advocacy Training Theater - E
Sponsored by George F. Kelso Library

5

Friday, May 5, 2017
Sessions #3 • *2:00 p.m. – 2:55 p.m.*

Being a Voice for Your Community: Facilitation / Board Membership
Ascary Navarro, Los Angeles

How to Get a Regular Job
John Riva, Chico

Stop Trashing the Climate!
People First of the Creative Center, Visalia

Your First Board Position
Carly Fulgham, Self-Advocate, Camarillo

Self-Advocacy Training Theater - C
Sponsored by George F. Kelso Library

3

Saturday, May 6, 2017
Sessions #6 • *2:00 p.m. – 2:55 p.m.*

Special Needs Got Talent
Michael John Valcour, Sacramento

How I Use Technology to Stay Healthy and Live Independently
Jesse Compo, Citrus Heights

Is the Self-Determination Program Right for You?
Lisa Cooley / Sonya Bingaman / Joe Hernandez, SCDD-Sac Office

Bullying in the Workplace and in the Community
Margie Garetz, Anaheim

Self-Advocacy Training Theater - F
Sponsored by George F. Kelso Library

6

CONFERENCE REGISTRATION FORM – SIDE A (Side B Med/Supp Over ⟶)

Statewide Self-Advocacy Conference – May 5, and 6, 2017 (www.supportedlife.org)

Early-Bird Rate Deadline: April 21, 2016 *

* If a Regional Center is paying your registration, they may have an earlier deadline.
Please call your Regional Center right away.

Everyone who attends the conference must pay the registration fee.
This includes self-advocates, speakers, family members and support people.

1. NAME: _____

2. SELF-ADVOCACY GROUP (Optional): _____

3. ADDRESS: _____

4. CITY: _____ STATE: _____ ZIP CODE: _____

5. DAYTIME PHONE: (_____) _____

6. Are you a: ☐ **Self-Advocate** ☐ **Family Member** ☐ **Support Person**

7. When will you be coming: ☐ **Both Days 1- 2 or** ☐**Fri 5th or** ☐**Sat 6th**

8. Do you use a wheelchair for mobility: ☐ **Yes** ☐ **No**

9. Other accommodations you request from the Conference: (Must be Received by April 15, 2016)
☐ **Sign language interpreting services** ☐ **Accommodations for conference materials** _____
☐ **Vegetarian meals** ☐ **Other specially prepared food** _____

10. Conference Registration: (for Regional Center use only: **Vendor # : P63905**)

Send this form w/payment to: Supported Life Institute, 1010 Hurley Way, Suite 180, Sacramento, CA 95825

Conference Registration Fee (Does not include hotel sleeping room)	**by 4/21/17**	**After 4/21/17**
Two Day Conference - Arrive Friday at 9:00 a.m. (new rates set by DDS-ABX2-1)	$299.67	$316.01
One Day Conference - Arrive Either Day at 9:00 a.m. (new rates set by DDS-ABX2-1)	$283.32	$299.67
Group Discount ! ! ! ! Groups: Register 5 people & receive 1 support staff FREE All Group Registrations Must Be Received Together	Buy 5 - Get 1 Free	

MEDICAL/SUPPORT NEEDS FORM - SIDE B

The goal of the Conference Planning Committee is for everyone attending this year's conference to have a positive, educational and safe experience. The information provided below will be kept for ready access by conference staff to be used in case of an emergency during the event.

Individuals needing special assistance or supervision must be accompanied by a support person. All supervision, medical, and personal care needs are the responsibility of each conference participant.

1. Name of Registrant : _____

☐ **Self-Advocate** ☐ **Family Member** ☐ **Support Person**

2. In case of serious emergency, please list a contact person who is not attending the event and is available by phone during the general times and dates of the conference.

Name: _____ Relationship: _____

Daytime Phone: (_____)_____ Evening Phone: (_____)_____

3. Do you have any medical or personal needs which require the assistance of your support person?:

☐ **Yes (If yes, please answer questions 4-6 below.)**
☐ **No (If no, the rest of this form is optional.)**

4. Name of your support person at the conference: _____

Support person's cell phone number: (_____)_____

5. Medications? Include type, dosage, amount, purpose, (attach a separate list if necessary):

_____

6. Do you have **seizures**?: ☐**No** ☐**Yes** (please describe the type of seizures, frequency, any intervention which should be done immediately after a seizure, and whether you have ever required hospitalization for a seizure):

_____

_____

HOTEL RESERVATION FORM

Statewide Self-Advocacy Conference – May 5th and 6th, 2017

Credit Card? (You don't need to fill out this form)
Call the hotel directly - **916-338-5800 ask for Reservations**, mention the "**Statewide Self Advocacy Conference**"

Check or Money Order?
Complete this form. Make check or money order **payable to "Crowne Plaza Hotel."**
Send this form with the **total payment for all the people in the room** to:
Crowne Plaza Hotel, **5321 Date Ave.**, Sacramento, **CA 95841.** Attn: Reservations
(For **Regional Center Use Only** – Vendor: Crowne Plaza Hotel (**ZA4775**) Contact SLI for more information (916) 567-1974)

1. **NAME:**_____

2. **ADDRESS:**_____

3. **CITY:**_____ **STATE:**_____ **ZIP CODE:**_____

4. **DAYTIME PHONE:(**_____**)**_____

5. Arriving: ☐ **Thursday, May 4 or** ☐ **Friday, May 5**

6. Do you request your room be "handicapped accessible:? ☐ **Yes** ☐ **No**

There are only a limited number of handicapped accessible rooms available.
The hotel will meet this request on a "first come, first served" basis.

7. There will be (circle one): **1 2 3 4** people : ☐**Thu & Fri or** ☐**Thu only or** ☐**Fri only**

HOTEL RESERVATION FEES – Must be received at the Crowne Plaza by 4/24/17
Price includes: hotel room & tax.

	1 Person/Room (1 bed/room)	2 People/Room (2 beds/room)	3 People/Room (2 beds/room)	4 People/Room (2 beds/room)	Total Cost/Room
Friday Night Only	$139.39/person	$69.70/person	$46.47/person	$34.85/person	1-4 people/room $139.39
Thursday & Friday	$278.78/person	$139.39/person	$92.93/person	$69.70/person	1-4 people/room $278.78

8. I am enclosing fees for the following reservation:

My Name: _____

Roommate # 1: _____

Roommate # 2: _____

Roommate # 3: _____

Total Fees Enclosed: $

Supported Life Institute

Advocating Inclusive & Dynamic Communities

SAVE the DATES: OCTOBER 5 – 6, 2017

31st Annual SUPPORTED LIFE CONFERENCE:

Supported Life 2017:

"Designing Dreams: Blueprint for a Meaningful Life"

Crowne Plaza Hotel ~ Sacramento CA

Empowering All People with Developmental Disabilities to be Fully Included in the Community

Presented By Supported Life Institute

Hear a Variety of Important Speakers in the Field of Developmental Disabilities

"Designing Dreams: Blueprint for Meaningful Life"

Schools

Early Childhood
Social & Emotional Development
Inclusive Education
Valuing Diversity
Community Based Instruction

Transition

... To Independence
... To Jobs and Careers
... To Continuing Education
... To Adulthood & Adult Services
... From Early Start

Employment

Person-Centered Planning
Customized Employment
Inclusive Employment
Innovative Job Development
Microenterprise / Self-Employment
Natural Supports

Communication / AAC

Assistive Technology
Computer Access
Literacy
Speech-Generating Devices

Living / Community

Full Community Participation
Housing/ Accessible & Affordable
Individualized Support
Innovative Living Options
Transportation Issues

Personal Power & Rights

Advocacy & Self-Advocacy
Boardsmanship & Facilitation
Criminal Justice Issues
Rights & Responsibilities
Making Your Own Choices

Policy & Legislation

Community Organizing
Meeting w/ Legislators / Lobbying
Political Action
Voting & Elections
Grassroots Advocacy
CIE Blueprint

Relationships

Abuse Prevention
Friendships
Sexuality

Family Supports

Early Intervention
Retirement / Aging
Siblings
Navigating the System
Trust Management
Social Security &
Health Benefits

Organizational or Staff Development

Grant Writing - Fundraising
Staff Retention
Staff Training & HR
Organizational Restructuring
Professional Development

Health & Wellness

Exercise / Diet / Nutrition
End-of-Life Planning & Care
Health Care Advocacy
Positive Behavioral Supports
Mental Health Services
Abuse - Prevention

Request for Session Proposals

SUPPORTED LIFE 2017 Conference (October 5-6, 2017):

"Designing Dreams: Blueprint for a Meaningful Life"

Session Presenter Proposals

Deadline: **Friday 3/31/17**

The conference planning team welcomes session proposals from individuals & agencies for Supported Life 2017.
Sessions are 60 to 70 minutes long (please be prepared for either until assigned)
Proposals received by 3/31/17 are reviewed by planning committee for 2017 Supported Life Conference.

Apply ONLINE at www.supportedlife.org

or by **EMAIL: afaletti@supportedlife.org** or **FAX: 916-567-1977**

or **MAIL** to: **Supported Life Institute,**
1010 Hurley Way, Ste 180, Sacramento, CA 95825

Please send us your:

1. Session **Title** (8 words or less)
2. **Lead Presenter** Info: Name / Affiliation?, Address (include Zip), Phone Numbers (Day & Evening), Email (if any)
Note if you are: Family member, Person with disability, Professional (or "Other" - explain)
3. General **topic area**: Please see general topic areas on previous page
4. May we assign you for "**Either Conference Day**"? or note "**Thur 10/5**" or "**Fri 10/6**" if only available one day
5. If there are other presenters, please provide for each:
   Co-Presenters Names, Affiliations, Email for each & Note
   Family member, Person with disability, Professional (or "Other" - explain)
6. **Session Summary** (50-100 words)
7. Brief **Resume** / Bio / Personal History of Lead Presenter
8. Session **Objectives**: 3 brief one-sentence descriptions of what attendees will learn from your session.

Notes for Session Applicants

Deadline: Friday, March 31, 2017

A. Presenters DO pay registration fees. But See C below

B. **Acceptance Letters** sent by June 30th to **Lead Presenters** (& for you to distribute to any co-presenters) with Final Presenter Forms to complete (due Jul 28) with A/V requests, preferred Introduction & any Session or Presenter Changes

C. A Speaker on-time Discount available for:
up to 3 presenters per accepted session who complete Final Presenter Forms & pay by July 31st.
= professionals pay only **$125** (both days) or **$70** (session day) - *less than half of regular conference price*
= people with disabilities or family members pay just **$65** (both days) or **$40** (session day) - *1/3 of non-speaker fee*
(Speaker discount is only available to those whose forms are received by the deadline)

D. Most **A/V Requests** are offered **at no cost to you** if we receive your completed Final Presenter Forms by 7/31/17

E. Since the Supported Life Conference is a **Professional and Inclusive conference**, please note that:
- Technical information is encouraged, but the audience is **diverse**, including people with disabilities, family members, and professionals with widely **varying** amounts of experience in the field
- we encourage proposals which **include** people with disabilities / family members as presenters
- we encourage **hands-on, practical** information and techniques to be presented, as well as personal **stories**.

Our 31st Annual Conference...

Crowne Plaza Hotel - Sacramento

October 5 – 6, 2017

"A Place to Train Your Staff - in an Inclusive Environment"

. . . Learn **from our unique mix of attendees & speakers**

. . . Hear **success stories, challenges, state-of-the-art services**

...Choose **introductory <u>and/or</u> in-depth training**

...Experience **multiple perspectives including from:**

professionals, families, self-advocates

Session to Propose?

You are invited to submit a session proposal for this year's conference

See Details on Page 2...

Session Proposals due Mon. 3/31/17

Conference Planning Team

CDCAN (CA Disability Community Action Network)
CES (Community and Employment Services)
Connections For Life
Crunchy Corrales
Department of Developmental Services
Disability Rights California / OCRA
Family Resource Centers Network of CA
InAlliance
NorthStar Services
Sacramento City Unified School District
Sacramento County Office of Education
SCDD Sacramento Office
Solano County Mental Health
South Area People First
The Arc of California

Want to be a cosponsor?
Call 916-567-1974 for details