March Is Developmental Disabilities Awareness Month
Advances and Setbacks

By Robert B. Fleming, CELA

In 1987, President Ronald Reagan proclaimed March “Developmental Disabilities Awareness Month.” The deinstitutionalization movement of the seventies and early eighties had laid the foundation for significant social change, and the presidential proclamation called upon Americans to provide the “encouragement and opportunities” necessary for people with developmental disabilities to reach their potential.

As those citizens began living within the general community in larger numbers, programs to provide career planning, job coaching and supported employment began to emerge. The idea that individuals with developmental disabilities could become productive members of the workforce was new to many people, and entrenched preconceptions had to be overcome. Advocates recognized a moral imperative to engage individuals with developmental – and other – disabilities. With passage of the Americans with Disabilities Act in 1990, workplace discrimination against people with disabilities became sanctionable.

The expectations of young people with developmental disabilities and their parents began to shift. Productive, self-directed lives within the community increasingly became the goal, and (increasingly) an obtainable goal. At the same time, due to improvements in healthcare, people with developmental disabilities were living longer, leading to questions about the lifestyle of “retirement-age” individuals. In short, the national conversation began to address the full spectrum of services needed for people with disabilities to live secure, fulfilling lives. Passage of the Individuals with Disabilities Education Act (IDEA) in 2004, further cemented the resolve of self-advocates and their supporters. With its guarantees of early intervention, special education and services to transition high schoolers into adulthood, IDEA opened a world of possibilities.
I wish that I could say that, as a result of all these changes, stereotyping has decreased. Some observers might be encouraged by sensitive portrayals of people with disabilities in film, literature and onstage. At the same time, though, bullying of students with special needs has become a serious—and growing—national problem. Stereotypes remain, undoubtedly contributing to the continued high unemployment rate among people with disabilities. Hurtful words are too commonplace, and we are far from free from experiencing incidents of abuse and neglect. Taxpayer-funded programs for people with disabilities, always under pressure, are more at risk in today’s economic environment. Discussions at all levels of government threaten the advances made during the past 25 years. School districts across the country are faced with shrinking budgets, and sometimes they complain about special education mandates. Medicaid, which has funded many employment and community-based residential programs, is under fire.

A quarter century after the establishment of ‘Developmental Disabilities Awareness Month’, the world has changed in important ways. Much, though, remains to challenge us. In the coming years, we will need to fight not only for more advances, but to retain the accomplishments of past decades. It is a fight in which we must all engage.

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Conditions of Participation Class for Developmental Disabilities

The Centers for Medicare and Medicaid (CMS) program for “Intermediate Care Facilities for Individuals with Intellectual Disabilities” (ICF/IID) is regulated under the State Operations Manual - Appendix J. There are eight conditions of participation in the program for federal funding.

Suitable for Administrators, QIDPs, Licensed Nurses and Direct Care Staff.
CAHFs eight hour ‘Conditions of Participation’ class offers all levels of staff the following:

♦ An introduction to ICF/IID facility types under the California Health & Safety Code; State and federal definitions of developmentally disabled; and the Lanterman Act.
♦ A comprehensive review of the eight ‘CONDITIONS OF PARTICIPATION’ and a description of the compliance principles of each ‘Condition’.
   1. Governing Body
   2. Client Protections
   3. Facility Staffing
   4. Active Treatment
   5. Client Behavior and Facility Practices
   6. Health Care Services
   7. Physical Environment (Including Disaster Preparedness)
   8. Dietary Services

♦ A review of ICF/IID Survey Types – fundamental or full.
♦ A review of the focus and of an ICF/IID Survey.
♦ Survey communication tips and training for the Direct Care Staff.
♦ A review of the ‘Certification Process’ and ‘What Happens Following the Survey’.

BE PREPARED!
BE KNOWLEDGEABLE!
BE EMPOWERED!
CAHF/QCHF CLASS:
A sixteen-hour ‘QIDP CERTIFICATION’

Presented by John Cordova, RN, BSN, PHN
March 7-8, 2019
Ayres Hotel Costa Mesa/Newport Beach
325 Bristol Street
Costa Mesa, CA

REGISTRATION IS NOW OPEN.
INSTRUCTORS WANTED:

Professional individuals (RN or Certified QIDP) to present or co-present a CAHF class to Developmental Services members in 2019. The classes are:

1. The 16-hour QIDP certification class
2. The 8-hour Conditions of Participation class

If interested, please contact Elaine Rawes, erawes@cahf.org, Director of Developmental Services at CAHF or call 916.432.5202.

CAHF/QCHF NEW PROVIDER ORIENTATION CLASS

COMING SOON!

A sixteen-hour class mandated by statute for all new ICF providers.

- Eight hours of fiscal management; and
- Eight hours of introduction to regulatory management.
CAHFs ‘REALLY READY RALLY’ with an ICF/IID track in Anaheim

February 20-21, 2019 (REGISTRATION IS OPEN)

The federal emergency preparedness requirements have been in effect since November 2017. Please contact Jason Belden or Elaine Rawes for any questions or concerns.

Recently, CMS updated the requirements for the training plans. Tools are available on the CAHF website to explain the disaster planning guides for the ICF/IID Requirements. Please visit the links below for your plan development and training, and check the website for local training opportunities.

The updated guide to the 'Surveyor' review and validation of your plan

Click here to join CAHF's statewide 'Memorandum of Understanding' (MOU) for ICFs.

CAHF also has a series of webinars (located here) that cover all of the new disaster preparedness requirements.

Finally, you can visit our Disaster Preparedness website, where everything is free to use.
In 2015, CAHF was awarded a $1.4 million grant from the California Department of Public Health to provide 4,500 skilled nursing residents in 300 participating facilities with personalized music. The project incorporated the nationally known Music & Memory program, which brings individualized music to participants via iPods and other devices.

As part of the project, researchers from the University of California Davis, Betty Irene Moore School of Nursing, documented the impact of using music to reduce the use of antipsychotic medication in people with dementia.

The study found that Music & Memory is a relatively low cost, non-pharmacological intervention that had a significant positive impact on nursing homes residents. Clinically and statistically significant reductions in antipsychotic, antianxiety, and antidepressant use, reductions in aggressive behaviors, less depression and pain, and reduced number of falls in residents were found across all nursing homes in all phases of the study.

There was also a reduction in the number of days medications were taken, as well as a reduction in the proportion of residents who were taking medications over the course of the study.

www.musicandmemory.org
Starting a Music & Memory Program - Webinar Part 1 of 2. Original broadcast June 26, 2018

Sustaining a Music & Memory Program - Webinar Part 2 of 2. Original broadcast June 27, 2018

The above webinars were developed and broadcast to ‘Skilled Nursing’ providers, but are available as a resource for your own program.

In September 2018, there was a webinar for the IDD population. The webinar outlined the success of the Music & Memory programs established in the States of Texas and Wisconsin.

The panelists included Tracee Burke, Quality Improvement Coordinator and Veronica Truby, Music Therapist from Southern Wisconsin Center. Dr. Michael Gayle, DPT, Director, Roslyn Howard and Therese Palombi represented the Texas Health & Human Services from the Quality Monitoring Program.

Below are *two contacts* for information for starting a program of your own to

therse.palombi@hhscstate.tx.us
tracee.burke@dhs.wi.gov

“Spread the Music.”
New Website

The CAHF Developmental Programs has revamped the DP website. Check it out!

Please also visit the member's only page (Login needed).

The Disaster Preparedness information is available to all – location on the public page.

Thank you for your support of CAHF – Developmental Services.

Elaine
Join us each second Wednesday at Noon for a short burst of fresh news and views for CAHF’s developmental services providers. Here is your opportunity for monthly updates on a variety of subjects that influence the ICF/IID providers of services.

Questions? Email Elaine Rawes, and while you are at it, tell us what topics you most want to hear about during CAHF Cafe.

Staff contact: Elaine Rawes, 916 432-5202

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