**MassMATCH Advisory Council Meeting**

**December 16, 2014**

**Minutes**

Members in Attendance: Kevin Hatch, Owen Doonan, Karen Janowski, Jeanette Beal, Susan LaSante, Ann Shor, Melodee Whitman, Tom Mercier, Linda Landry, Peter Gefteas(by phone)

Members Not in Attendance: Julian Banerji, Lisa Chiango, Les Cory, Tory Dixon, Jeff Dougan, Susan Hargrave, Lee Nettles, Jonathan O’Dell, Alexander Pooler, Paul Remy, Linda Sakin, Randi Sargent, Susan Ventura, Stacey Selfridge

Program Staff in Attendance: Kobena Bonney, Kim Shaw

Representatives from Provider Agencies: Cindy Aiken, Leo Tonevski, Cash McConnell, Jeff Harrington, Cathy Bly,

Introduction and Communication Protocol: Karen Janowski was chair for today’s meeting. She began by requesting that everyone use the microphone to speak, starting with who they are.

Discussion and Approval of Minutes: Minutes were approved with minor change by Ann Shor. She pointed out that the RESNA outfit that works with AT Act programs is known as the “Catalyst Project”, and not “Tech Act entity” as reported in the September minutes.

Program and Committee Updates: Kobena Bonney

***Website Review/Update Committee:***

The goal of the committee is to find ways to make the website more useable. With that in mind, a solicitation was sent out to all AT ACT programs across the country. No feedback was received.

In follow-up, a survey tool was developed and sent out to the website committee for their feedback. Based on members responses, the tool will be modified and then posted (for one month) for the public’s feedback.

Owen commented that it is important to get feedback that represents each disability category.

***AT SchoolShare Update*** Kobena Bonney

At the last meeting there was an announcement that Tech Access of Rhode Island will be joining our AT School Share program. To reflect this expansion, the AT School Share website has been changed so now on the home page, there is a choice for MA or RI.

One reason RI has joined AT School Share is because this tool was developed with federal money, and under federal guidelines if another state is interested they should be able to use it. Furthermore, the addition of RI will result in the infusion of more financial resources that will help with funding future enhancements. For instance, some professionals have issues with how information is stored on ATSS so advanced security measures need to be implemented.

***REquipment Update* Ann Shor**

The program is really growing nicely. Jim Smith is working at the new center in Worcester 20 hours/week picking up/delivering and refurbishing devices. There was an open house in late October which was quite successful, attended by many. Secretary Polanowicz attended and was very impressed with the program. He voiced some great ideas about some expansions that have been discussed and he has put in a good word about the program. Another of the many attendees, Representative Ayers, who operates his own reuse program is a champion in this area within the statehouse and it is hopeful that he will be helpful to the program’s success in getting long-term funding within the state budget.

As a result of the open house, the Worcester Telegraph wrote up a really nice article and within the week, there were many calls resulting in about 20 device donations. A lot of donations are coming in but not so many calls from those in need of devices, so a bit more outreach is needed in that area. That said, caution should be used in the extent of the outreach and in which areas, because the current funding is only for this fiscal year and only for Eastern MA with a cut-off at around Worcester. The long-term goals going forward for REquipment are: 1) Permanent Funding 2) Statewide.

Regarding Reuse expansion, it is being discussed that UCP will likely be starting a small reuse program within their area of Western MA to help meet the statewide goal for Reuse.

Owen expressed frustration and disappointment that the Reuse program is just serving Eastern MA.

Ann responded that this is a pilot program and Eastern MA is where the program started through funding from Shapiro Foundation and Boston Foundation both located in Eastern MA. This is the very reason we are looking to fund UCP Reuse, which is based in Western MA in Pittsfield and would service much of that area.

Jeanette questioned the narrow focus of the Reuse program on mainly mobility equipment. The AT field is much larger than that and she asks if there will be more focus on other areas of AT.

Cathy Bly responded that at Easter Seals there is currently a lot of AT equipment that is no longer being used for demonstrations and loans and could be put to good use if there was a way to get it to those who might need it.

In response to Jeanette, Kobena answered that you have to start from somewhere. The reason the mobility equipment is the prime focus of the Reuse program is because these devices tend to be larger and more difficult for the average person to transport so it makes sense that this is where such help may be put to the best use. Though the program is not limited to mobility equipment this is just the category where this program has been most useful thus far. That said, the GetATStuff website has been effective in getting the smaller type items in other disability categories exchanged and distributed.

In answer to Cathy’s question regarding what to do with the equipment in storage, Kobena said the state rules need to be considered and they are different and more complex than the federal rules. Kobena and Ann are committed to working through this to figure out what can and cannot be done with these items.

***Agency AT Update-Hot AT/DME Topics* Linda Landry**

Medicare is an old-fashioned insurance that doesn’t cover a lot of stuff with a lot of co- pays and deductibles. For instance it only added prescription drugs, mammograms and colonoscopies in 2004. It does cover DME but the part of the statute that says that it will cover for home –use is interpreted very restrictively. It has been interpreted to mean that equipment is only covered to be used in the home and not out in the community. MassHealth is a better resource for funding mobility equipment to live and work in the community and be more active.

A specific topic for discussion is speech generating devices. This was taken up by ALS community and some Medicare Advocacy groups. In 2001, it was decided that Medicare would pay for the speech generating devices. In February 2014, Medicare became concerned because they didn’t want to be paying for computers for people, they only want to be providing speech generating devices. Both Medicare and Medicaid generally only provide DME primarily fabricated for medical use. They made 2 changes: no more wireless and people are required to rent these devices for 13 months, so they don’t own and they can’t unlock. It also means that if someone goes into the hospital or a nursing home, equipment will not be paid for. Those who need very highly specialized devices, under these terms would be out of luck.

A campaign was started to put pressure on Medicare and Congress to rescind this policy and on November 6th 2014, guidelines reverted back to pre-February policy, while Medicare considers what should be done for the long-term. The comment period for these considerations ended on December 6th.

MassHealth also has very similar rules for speech generating devices. Although requests for adults are rarely denied, requests for children are frequently being denied. In order to help improve the process, there is a Federal statute EPSDT-Early Periodic Screening Diagnosis and Testing which allows children and youth to have greater access to Medicaid covered items and services and basically mandates regular medical screenings. As a result of these screenings, children can access through Medicaid anything that can be shown to be medically necessary and must be something that federal Medicaid would pay for even if the state would not cover.

Related to speech generating devices, there is a movement to find a way to pay for iPads for children with Autism and other speech needs. Colorado and Vermont are covering them, some other states will cover only the software. If criteria to make approval justifiable is made, MA will most likely join the states that cover the software.

The other topic for discussion is issues with mobility equipment. Standing wheelchairs and Seat Elevators are items that if all requirements are met can be approved for coverage. Requirements are:

1) Need Prescription

2) Need Prior Approval

3) Item sought must be the least costly effective alternative

Really specific medical documentation is the best mechanism to acquire this equipment. Most important is to have prior approval request well developed and well documented. People get denied mostly because they don’t know the level of specificity required.

***Device Demo- Instant 20/20 glasses* Peter Gefteas**

Peter Gefteas provided the Advisory Council with a sample pair of Instant 20/20 adjustable lens glasses. These glasses have a small dial on both sides to allow near/far sighted viewing adjustments. These glasses can easily be found with online search and purchased for $20.

***Creating Effective Advisory Councils: Experiences from Other States***

**Webinar- hosted by Paul Galonsky, RESNA Catalyst Project**

The purpose of an AT Advisory council is to help plan, implement and evaluate activities of statewide AT programs, as well as to set measurable goals.

Ideas:

Kathy - Colorado (background and history)

If people are going to be on the council they need to be engaged and they need to feel like they matter to the program and what’s going on. Council members have certain rights and responsibilities but often there are not enough resources to meet the needs of the council.

Colorado found that it was helpful to develop a list of top 10 priorities for the council in Colorado.

Maureen - Colorado (Day to Day)

Consistently meeting every other month helps to keep people engaged.

At every meeting, review of goals and progress is helpful.

Also providing a little history and background at these meetings, such as roles and requirements of the AT Tech ACT is provided.

Holding meeting via phone conference calls or skype as options for some of the meetings is helpful since it can be very difficult for many to be there in person.

Holding AT Expos, newsletters, open houses, events, like “Raising Cane” where attendees have the opportunity to use different canes.

Wade - Indiana

Members serve 3 year revolving terms.

Working toward a little more engagement for our group and its members.

Phone works best for remote meetings, as opposed to other forms of communication options.

At each meeting, program operations, updates, policies and state plans, as well as activities that the group should be working on are discussed.

In order to make things more interesting, this group will try different activities such as gathering a bunch of AT devices from inventory and running hands-on demonstrations for all interested.

The group in Indiana has also been trying to recruit some younger folks who have interests in what the group does and how social media may be useful in meeting goals.

Due to technical difficulties, the group was not able to pose any questions, via the webinar so email questions to Kobena and he will forward them.

Members agreed that low attendance is clearly an issue.

Cindy suggested that the group consider the option of holding some meetings by phone only or make it a regular feature of meetings. In addition, Kobena suggested that perhaps the meetings are too long. He suggested that members should think about possibly shortening the meetings to say 3 hours and held in the afternoon.

***Update on Renewing State Plan for Assistive Technology* Kobena Bonney**

Every 3 years, MassMATCH, like all AT Act programs around the country is required to file a NEW State Plan for Assistive Technology (SPAT) with the Federal Government. It is customary to use data from the past 3 years (to include Federal Fiscal Year 2014) data as input for decisions on the new State Plan. The FY14 reports are due on 12/31/14. So, sometime in the first two weeks of January would be a good time for the State Plan Committee to meet. Once the committee comes up with a plan, it will be submitted to the entire advisory council for review and approval before it is submitted to the Federal Government in the third week of February.

ACTION: Kobena will send out an email to the council, listing all the different committees and who is currently on each.

VOTE for new officers of the council coming soon!