Supporting Individuals with Intellectual and Developmental Disabilities as they Age

Credit Information

- If you are a social worker in a National Association of Social Workers (NASW) state and would like to receive CE credits through NASW for this event, please complete the pre-test posted here: surveymonkey.com/r/IDDAgingPRE
  - You will also be required to complete a post-test; a link to this test will appear at the end of the presentation.
- For more information about obtaining CE credit for social workers in non-NASW states, psychologists, PAs, nurses (NP, APRN, RN, LPN), pharmacists, marriage and family counselors, etc. or CME credit via the Centers for Medicare & Medicaid Services Learning Management System, please visit: https://www.resourcesforintegratedcare.com/sites/default/files/IDD_And_Aging_PrewebinarContinuing_Education_Credit_Guide.pdf

Audio and Platform Information

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Supporting Individuals with Intellectual and Developmental Disabilities as they Age
Overview

- This session will be interactive (e.g., polls and interactive chat functions), with 45 minutes of presenter-led discussion, followed by 30 minutes of presenter and participant discussions.

- Video replay and slide presentation are available after each session at: https://www.resourcesforintegratedcare.com
Accreditation

- Individuals are strongly encouraged to check with their specific regulatory boards or other agencies to confirm that courses taken from these accrediting bodies will be accepted by that entity.
- This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the providership of the Centers for Medicare & Medicaid Services. CMS is accredited by ACCME to provide continuing medical education for physicians.
- The Centers for Medicare & Medicaid Services is accredited by the International Association for Continuing Education and Training (IACET). The Centers for Medicare & Medicaid Services complies with the ANSI/IACET Standard, which is recognized internationally as a standard of excellence in instructional practices. As a result of this accreditation, the Centers for Medicare & Medicaid Services is authorized to issue the IACET CEU.
- The National Association of Social Workers (NASW) is accredited to provide continuing education for social workers.
# Continuing Education Information

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| **Social Worker**                 | The National Association of Social Workers designates this webinar for a maximum of 1 Continuing Education (CE) credit hour.                                                                                       | 1. Complete the pre-test at the beginning of the webinar  
2. Complete the post-test with a score of 80% or higher by midnight December 19, 2019                                                                          |
| **Option 1: National Association of Social Workers** |                                                                                                                                                                                                               |                                                                                                                                                              |
| **Option 2: Centers for Medicare & Medicaid Services (CMS)** | The Centers for Medicare & Medicaid Services (CMS) is evaluating this activity for continuing medical education (CME) credit. The number of credits awarded will be calculated following the activity based on the actual learning time. Final CME information on the amount of credit will be available to participants within the Learning Management System (LMS) after the live activity. | Complete the post-test through CMS’ Learning Management System with a score of 80% or higher by midnight January 6, 2020                                           |
| **Physician (MD or DO)**          |                                                                                                                                                                                                               |                                                                                                                                                              |
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Disclosure Statement

The following planners/faculty have returned disclosure forms indicating that they (and/or their spouses/partners) have no affiliation with, or financial interest in, any commercial interest that may have direct interest in the subject matter of their presentation(s):

- Gerard Kerins, MPA, FACP, MD, BA
  No relevant financial interests or affiliation

- Michelle (Sheli) Reynolds, PhD
  No relevant financial interests or affiliations

- Deborah (Debbie) Pfeifer, MPA
  No relevant financial interests or affiliations

- Callie Simmons
  No relevant financial interests or affiliations

- Sharon Spurlock
  No relevant financial interests or affiliations
Support Statement

- This webinar is supported through the Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS) to help beneficiaries dually eligible for Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. To support providers in their efforts to deliver more integrated, coordinated care to dually eligible beneficiaries, MMCO is developing technical assistance and actionable tools based on successful innovations and care models, such as this webinar.

- To learn more about current efforts and resources, visit Resources for Integrated Care at: https://www.resourcesforintegratedcare.com
Introductions

- **Gerard Kerins, MPA, FACP, MD, BA**
  Associate Clinical Professor of Medicine
  Associate Chief of Geriatrics for Education
  Yale School of Medicine; Yale New Haven Hospital

- **Michelle (Sheli) Reynolds, PhD**
  Associate Director, University of Missouri – Kansas City
  Institute for Human Development, UCEDD
Introductions

■ Debbie Pfeifer, MPA
  Intellectual/Developmental Disabilities Administrator
  Aetna Better Health of Kansas

■ Callie Simmons
  Service Coordinator
  Aetna Better Health of Kansas

■ Sharon Spurlock
  Director of Family Supports
  St. Louis Arc
Learning Objectives

- Recognize the physical, cognitive, and behavioral changes typical of the aging process, and how these changes may manifest for someone with intellectual and/or developmental disabilities (I/DD)
- Identify key supports families, health plans, providers and individuals with I/DD may need to manage these types of changes across the life span
- Describe an integrated approach health plans can utilize to respond to the needs of individuals with I/DD as they age
Webinar Outline

- Polls
- Overview of How Aging Affects Individuals with I/DD
- Overview of Charting the LifeCourse Principles
- Discussion Panel
- Q&A
- Evaluation
Overview of How Aging Affects Individuals with I/DD

Gerard Kerins, MPA, FACP, MD, BA

Associate Clinical Professor of Medicine;
Associate Chief of Geriatrics for Education
Program Director, Clinical Fellowship in Geriatric Medicine

Yale School of Medicine, Yale New Haven Hospital
Introduction to the Aging I/DD Population

- The number of adults with I/DD aged 60 and older is projected to grow to 1.2 million by 2030\(^1\)
- Eight percent of individuals dually eligible for Medicare and Medicaid who are under age 65 have an intellectual disability\(^2\)
- Due to medical advancements, public policy changes, the rise of self-advocacy, and greater family involvement, life expectancy for individuals with I/DD has increased significantly\(^1\)
  - Adults with I/DD are living longer, healthier, and more meaningful lives\(^1\)
  - Providers and health plans will be increasingly expected to support older adults with I/DD by coordinating and delivering care that promotes a high quality of life
Health of Older Adults with I/DD

Older adults with I/DD:

- Are more likely to develop chronic health conditions at younger ages related to:
  - Biological factors related to syndromes and associated developmental disabilities
  - Limited access to health care
  - Physical challenges (e.g., lack of supports for physical activity)
  - Environmental challenges (e.g., sensory challenges, such as lighting or sounds, which interfere with health care appointments)¹

- May experience higher rates of obesity, eat less nutritious food, and have less opportunity to participate in physical activity, compared to the general population¹

- Have higher incidence of dental disease, functional decline, mental illness, bowel obstruction¹

- Experience age-related changes such as certain types of cancer (e.g., gastrointestinal cancer), diabetes, Alzheimer’s disease and other related dementias, osteoporosis, and mobility impairment as early as 45-55 years of age, while the average age of onset is 65-70 years of age in the general population³

- Can have a shorter lifespan compared to other older adults
  - May be related to an accelerated aging process – manifesting in increased rates of cataracts, hearing loss, osteopenia, and hypothyroidism
Behavior Changes in Older Adults with I/DD

Older adults with I/DD may demonstrate cognitive or behavioral changes, including anxiety, dementia, depression, seizures, and self-injurious behavior (SIB)

- These changes may be a reflection of underlying, aging-related changes, as a result of Alzheimer’s disease, stroke and related vascular accidents (VAD), neurological diseases (including Parkinson’s), and other conditions\(^1, 3, 4\)

Behavior changes in older adults with I/DD may also be the result of pain or discomfort associated with other medical issues, unrelated to neurological or psychiatric factors, such as constipation, dental conditions, or urinary tract infections\(^5\)
Health Disparities of Older Adults with I/DD

- Older adults with I/DD also experience additional health disparities related to:
  - Lack of formal training for clinicians on the latest information for age-related health issues that affect people with I/DD
  - Clinicians’ discomfort providing care to individuals with I/DD
  - Fewer preventive services or screenings than the general population
    - Including fewer gynecological screenings, cancer screenings, and cognitive/depression screenings
  - Lack of effective and universal standards of care
    - Absence of uniform clinical care standards to apply across the lifespan for specific conditions for individuals with I/DD (e.g., diabetes, management of hypothyroidism, management of lipid disorders)
  - Poor access to appropriate care
  - Constraints related to finances and transportation
An observational study at the Adler Center (an outpatient geriatric program) at Yale New Haven Hospital found that, within the study cohort:\(^6\)

- Most of the older adults with Down syndrome needed help with either some or all activities of daily living (ADL), and an overwhelming majority needed help with all instrumental activities of daily living (IADL).
- Many older adults with Down syndrome experienced comorbidities, such as urinary incontinence, thyroid disease, Alzheimer’s disease, and osteopenia/osteoporosis.
- Because of these comorbidities, older adults with Down syndrome may take a variety of medications.
Medication Use in Older Adults with I/DD

- Multiple medications may lead to adverse side effects, including increased risks of falls, memory loss, delirium, and disrupted sleep.

- Side effects may be amplified by inappropriate dosing, over-prescribing, and potential medication interactions.
  - Older adults with I/DD may be more sensitive to certain classes of medication.
  - Medication dosing may need to be adjusted for pharmacokinetic reasons (e.g., lower body water content and thus higher blood concentration of medication, decreased renal mass).

- To reduce side effects, the goal is to de-prescribe as these patients age, where possible.
Providing care for older adults with I/DD requires understanding of multiple factors, including:

- Multiple co-morbidities
  - In some cases, this includes an emerging dementia diagnosis
- Communication between numerous providers
  - Older adults with I/DD see a higher number of clinicians than other older adults
- Proxy sources of information, such as family and caregivers, if the individual is less able to communicate their needs

To take an effective history, providers need to understand and be aware of these specific considerations.
Taking an Effective History for Individuals with I/DD

- Taking an incomplete history of an individual with I/DD may lead to challenges in meeting care needs, including:
  - An unbalanced focus on acute medical conditions
  - Missing potentially related chronic conditions
- Providers should pay particular attention to:
  - Atypical presentation of typical disease, including:
    - Rapid cognitive decline as a sign of infection (e.g., UTIs causing delirium)
    - Agitation as a manifestation of pain
  - Identifying and reviewing all medications, including all over-the-counter and prescription medication, to evaluate for interactions and side effects
  - Ensuring an appropriate environment, including adequate lighting, comfortable temperature, large exam rooms, and support staff who are trained and comfortable working with older adults with I/DD
Strategies for Conducting Physical Exams

- Prepare for exams
  - Conduct careful planning prior to examinations to ensure effective use of scheduled time
  - Work with the individual, or those who know them best, to understand and prepare for their needs
  - Review records beforehand

- Be flexible
  - Plan to provide a full exam – don’t assume that an individual will be opposed to, or unable to complete, a full exam of all organ systems
  - Modify as necessary, depending on individual response and symptom presentation
    - Consider focusing on the main complaint in situations where the individual may become agitated
  - Allocate increased time in the exam
Strategies for Conducting Physical Exams (cont.)

- Maximize physical and emotional comfort
  - Greet the individual in the waiting room
  - Reassure the individual to ease any fears
  - Introduce any staff who may participate in the exam
  - Ask the individual whom they would, and would not, like in the room during their exam, including their caregiver
  - Support wearing of loose clothing instead of exam gowns
  - Minimize wait times in the waiting area and the exam room

- Involve caregivers, as relevant and appropriate
  - Consider providing a before-exam questionnaire to caregivers to understand the familiarity they have with the individual
  - Ask for a summary of urgent issues/questions, a summary of medical diagnoses, and an updated list of medications
Strategies for Conducting Physical Exams (cont.)

- Maximize sensory capacity
  - If the individual cannot hear or understand, they may become agitated, unintentionally defer questions, or answer incorrectly
    - Be cognizant of any adaptive devices the individual uses to communicate
    - For those who may be Deaf/have hearing loss or have visual impairments, incorporate devices to assist with hearing or vision during physical exam
    - Provide an interpreter, if needed
Advanced Care Planning: Considerations for Older Adults with I/DD

- Advanced care planning should not be driven by preconceptions of the individual’s disability or functional status
  - Ideally, advanced care planning discussions should follow the same pattern and considerations as these discussions with other older adults

- Reiterate the importance of identifying a formal proxy, or health care advocate, to ensure the individual’s wishes are honored in case of diminished or lost decision making capacity

- Understand local or state processes in completing advanced care planning for individuals with I/DD, which may require more steps than advanced care planning for other older adults
Supporting Caregivers of Older Adults with I/DD

- Family caregivers and other informal caregivers may experience stress caring for an older adult with I/DD.
- Have an informal conversation about the caregiver’s ability to seek their own medical care, status of their emotional health, and potential supports.
- Provide caregivers information on:
  - High-level view of aging and I/DD
  - Respite care
  - Local support groups, such as groups run by Alzheimer’s Association
  - Community resources, such as through local Area Agencies on Aging or Centers for Independent Living
  - Additional sources of respite and support, such as Special Olympics
Overview of the Principles of Charting the Life Course (CtLC)

Michelle “Sheli” Reynolds, PhD
Associate Director, University of Missouri – Kansas City Institute for Human Development, UCEDD
1 in 4 Persons with I/DD Receive Formal Developmental Disability (DD) Services

** Based on national definition of developmental disability with a prevalence rate of 1.49%

75% Receiving DD Services

25% Not Receiving DD services

** Based on national definition of developmental disability with a prevalence rate of 1.49%
Limitations of Traditional Services and Supports Model

- Traditional Long-Term Services and Supports (LTSS) view the person in the context of the services they receive and the context of family and community that they exist within. Currently,
  - Demand for services is increasing, while the budget is decreasing
  - Workforce shortages may reduce access
  - Policy has moved away from institutional and congregate settings
  - Individuals want and expect full inclusion in employment and community life
Integrated Services and Supports Connect People, Families, and Communities

Everyone exists within the context of family and community.

Traditional LTSS may create barriers to important roles and relationships for people with I/DD.

Integrated Services and Supports enhance and adapt to support a person’s good life within context of person, family and community.
What is Charting the LifeCourse?

Charting the LifeCourse is a universal, person-centered approach designed to reframe policies and practices within and outside of the disability field.

- **Guiding Framework**: Guides thinking and problem-solving
- **Practices**: Specific area (action, policy, procedure) to enhance or change
- **Tools**: Educational resources planning & Problem-solving Worksheets
Reframe Change at Every Level

The CtLC framework and tools are being utilized to impact change at every level:

- Person with disability
- Family, friends, and caregivers
- Systems and organizations
- Community

Based on Social-Ecological Model
Guiding Principles of the Charting the LifeCourse (CtLC) Framework

Core Belief:
All people and their families have the right to live, love, work, play and pursue their life aspirations in their community.
Guiding Principles of the CtLC Framework

- Individuals live within the context of their families and community
  - Recognize the lifelong impact of family, friends, and caregivers
- Supporting the needs of the person, family, and caregivers
  - Individual, family, and caregiver supports address all facets of life and adjust as roles and needs change
Guiding Principles of the CtLC Framework (cont.)

- Focusing on quality of life
  - People lead holistic lives made up of connected and integrated life domains that are important to their quality of life
  - Focus on self-determination, interdependence, inclusion, social capital, and economic sufficiency of individuals and families
Trajectory of life experiences:
- Individuals and families can reflect on prior and current life stages and experiences while focusing on the future
- A vision creates opportunities for life experiences along the life trajectory
“Anticipatory Guidance for Life Experiences”

Life Stages & Life Experiences

- Summer jobs, babysitting
- Chores and allowance
- Making Mistakes: Learning to say “no”
- Playing sports or an instrument
- Birthday parties with friends
- Scouts, 4H, faith groups

Disability System Transitions

- Getting New Diagnosis
- Transition planning
- Leaving Early Childhood/enter school
- Turning 18. Leaving school at 18 or 21
- Parents Turn 65 Medicare & SSDI
- Living Adult Life
- My parents have passed away, what do I do?
Guiding Principles of the CtLC Framework (cont.)

- Integrated services and supports
  - Individuals and families utilize an array of integrated services and supports to achieve the envisioned good life

![Diagram showing Personal Strengths & Assets, Relationships, Community Based, and Eligibility Specific categories.]

- Technology
  - i-pad/smart phone apps, remote monitoring, cognitive accessibility, Adaptive equipment

- Relationships
  - family, friends, caregivers, neighbors, co-workers, church members, community members

- Community Based
  - school, businesses, church faith based, parks & rec, public transportation

- Eligibility Specific
  - SHS services, Special Ed, Medicaid, Voc Rehab, Food Stamps, Section 8
Guiding Principles of the CtLC Framework (cont.)

- Partnering at every level for change
  - Every program, organization, system and policy maker must always think about a person in the context of family and community
  - Individuals, families, and caregivers are satisfactorily involved in policy making so that they influence planning, policy, implementation, evaluation, and revision of the practices that affect them
Charting the LifeCourse Tools

- **Person-Centered Tools**
  - One Page Profile
  - Life Trajectory towards Good Life
  - Life Domain Vision
  - Integrated Supports Star

- **Family Perspective Tools**
  - One Page Profile
  - Life Trajectory towards Good Life
  - Life Domain Vision
  - Integrated Supports Star
Examples of CtLC Tools: One Page Profile

- The One Page Profile helps communicate and advocate for the individual’s needs during formal planning meetings, developing person centered plans and when training staff to support him.

- One Page Profiles include:
  - What people like and admire about them
  - What is important to them
  - How best to support them
Example of CtLC Tools: Ben’s One Page Profile

I PITY THE FOOL WHO DOESN'T LIKE

BEN'S ONE PAGE PROFILE!

WHAT PEOPLE LIKE AND ADMIRE ABOUT ME

- I like to make other people feel good and be happy.
- I have a great smile and a contagious laugh. I frequently "get the giggles"!
- I'm fun, silly and friendly!
- I am a dedicated volunteer in my community.
- I am an Eagle Scout and an adult leader in scouting - been involved in service through scouting since first grade.
- I am a man about town!
- My tattoo!
- My great hugs!
- I am willing to try new things...
- I remember songs and who sings them.
- I am not usually a complainer, even though sometimes I am in pain or uncomfortable.

WHAT'S IMPORTANT TO ME

- My family and friends
- Volunteering at the Fire Station, wearing my uniform and badge
- Going to the library
- Going to church
- My TV, DVR, and radio/CD player (I like to play them all at once sometimes)
- My iPad
- WWE wrestling – I love when my brother Matt takes me to live shows
- Nascar Racing (Jeff Gordon is my favorite driver)
- Going to country music concerts
- Feeling like I belong
- Being like everybody else, not being treated differently
- Getting a tattoo (already planning my next tattoo)
- Having control over my life as much as possible
- My Excelsior Springs Tigers – especially football
- Riding horses at NTRC
- Facebook friends
- Having an occasional beer with friends
- Having a purpose and being productive

HOW BEST TO SUPPORT ME

- I need help remembering things, like what I did or who I saw today.
- I get confused easily so I need help not getting lost or turned around when I am out and about.
- I know what times I am supposed to take my meds, but I need help getting them out and getting refills.
- I get anxious sometimes; need to be reassured that people I care about will be there for me.
- I don't like to spend time alone, but I am working on it; help me not be so anxious when I am alone for short periods of time.
- I sometimes need someone to steady me if I get off balance.
- I need to rest or extra support if I have to do a lot of walking or standing. If I am shopping, it helps if I am the cart-pusher.
- I need support keeping in touch with friends and family and practicing having good conversations.
- I'm friendly even though I may not look you in the eye at first.
Examples of CtLC Tools:
Ben’s Trajectory to Good Life

Based on his One Page Profile, Ben’s Trajectory outlines his vision for a good life

Past Life Experiences that Supported your Vision of a Good Life:
- Chores; boy scouts;
- School inclusion/circle of friends;
- Birthday parties;
- Riding bike;
- Family vacations;
- Church youth group; Debit card;
- Football manager; Homecoming king; Volunteering
- High School diploma

Past Life Experiences that pushed the arrow down:
- Special education low expectations; Para glued to Ben’s side; Pressure to segregate;
- Medication side effects; Scoliosis; Seizures; Physical barriers;

Future Life Experiences that Support your Vision of a Good Life:
- Volunteer at fire station; Find more volunteer ops; Workout regularly; Keep in touch w/ friends; Increase alone time; Go out with friends; Spend daytime hours out of the house; Explore micro enterprise;

Future Life Experiences that pushed the arrow down:
- Sitting at home watching TV all day; Rely on paid supports; Gain weight; Eat unhealthy foods or drink too much Pepsi (caffeine);

Vision for a Good Life
- Family and friends; Girlfriend; Vacations
- Concerts; WWE; Nascar; Tattoos; Money; job or my own business; Volunteer at fire station; Being Tiger football manager; Church; Healthy & fit; Good food; Pepsi Basketballs; Royals baseball; Staying active

What I don’t want
- Poor health, heart disease, diabetes; Poverty/no money;
- Guardianship; institution/group home; Segregation/isolation; being lonely
- Being treated differently;
Examples of CtLC Tools: Family Perspective Life Domain Vision Tool

- CtLC Tools can be used by family and friends to show their perspective and vision for their family member.
- This example from Ben’s Mom shows her vision for his future, organized by life domains including employment, community living, and social/spirituality.
Examples of CtLC Tools: Family Perspective Life Domain Vision Tool (cont.)

- Ben’s Mom’s perspective for his future, organized by life domains including healthy living, safety and security, citizenship and advocacy, supports for the family and supports and services for Ben.
Using CtLC Tools

Before using CtLC, supports were not tailored to Ben’s specific strengths and needs. They only focused on providing PCA and family coverage of his schedule, and did not include activities important to him that focused on his goals and strengths.

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Waiver Self-Directed PCA

Parents are weekend support

Mom and Dad provide all support, including transportation and support for activities, etc.

Mom and Dad are overnight staff
Using CtLC approach, Ben’s supports reflect his strengths, needs, and preferences, including other activities to allow Ben to pursue his interests (e.g., volunteering at Fire Department and high school, watching WWE with Matt, horseback therapy, and others).

**PERSONAL STRENGTHS & ASSETS**
Able to stay home alone for up to an hour; has & can use i-pad;

**TECHNOLOGY:**
i-pad when home alone; digital watch

**RELATIONSHIPS:**
Mom, Dad, Matt, Zac, Ali, Chad, Ericka, Roy, Carol, Nick, Spohn,

**COMMUNITY BASED:**
Firemen at ESFD; coaches & staff at ES high school; Omni bus;

**ELIGIBILITY SPECIFIC:**
DDD Self-Directed waiver
PCA staff; Medicaid; Special Needs Trust

**Long Term Services and Support Needs**

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Supporting Persons with IDD Across the Life Course requires focused strategies between government, public-private partnerships, community organizations and citizens.
Discussion Panel

Debbie Pfeifer, MPA
Intellectual/Developmental Disabilities Administrator, Aetna Better Health of Kansas

Callie Simmons
Service Coordinator, Aetna Better Health of Kansas

Sharon Spurlock
Director of Family Supports, St. Louis Arc
What were your goals for implementing the CtLC framework for members with I/DD? Were there specific challenges you hoped to address?

Debbie Pfeifer
Aetna Better Health of Kansas

Callie Simmons
Aetna Better Health of Kansas
How does a person-centered framework help you support integrated and coordinated care for members with I/DD?

Sharon Spurlock
St. Louis Arc

Callie Simmons
Aetna Better Health of Kansas
How did your plan approach implementation of the CtLC framework? What staff training, member education, and other steps did you take? Where are you now in this process?

Debbie Pfeifer
Aetna Better Health of Kansas
What tools and strategies do you find most useful to support members with I/DD?

Debbie Pfeifer  
Aetna Better Health of Kansas

Callie Simmons  
Aetna Better Health of Kansas

Sharon Spurlock  
St. Louis Arc
How has implementing this framework promoted culture change from a medical model to more person-centered care?

Debbie Pfeifer  
Aetna Better Health of Kansas

Callie Simmons  
Aetna Better Health of Kansas

Sharon Spurlock  
St. Louis Arc
What feedback on the framework have you received from your staff and your members with I/DD, and their families and caregivers?

Debbie Pfeifer  
Aetna Better Health of Kansas

Callie Simmons  
Aetna Better Health of Kansas

Sharon Spurlock  
St. Louis Arc
Could you tell us about your experience with using CtLC since you first implemented it? How has your approach evolved or changed over time?

Sharon Spurlock
St. Louis Arc
What additional thoughts do you have about supporting people with I/DD as they age?

**Debbie Pfeifer**  
Aetna Better Health of Kansas

**Callie Simmons**  
Aetna Better Health of Kansas

**Sharon Spurlock**  
St. Louis Arc
Questions
Thank You for Attending!

- The video replay, slide presentation, and a summary of the Q&A will be available at: https://www.resourcesforintegratedcare.com/IntellectualandDevelopmentalDisabilities/2019_IDD_Webinar/Supporting_Individuals_with_IDD_as_they_Age

- If you are applying for CME or NASW CE, you must complete the post-test in order to receive credit: surveymonkey.com/r/IDDAgingPOST

- For more information about obtaining CEUs or CMEs via CMS’ Learning Management System, please visit: https://www.resourcesforintegratedcare.com/sites/default/files/IDD_And_Aging_P rewebinar_Continuing_Education_Credit_Guide.pdf

- Questions? Please email RIC@lewin.com

- Follow us on Twitter at @Integrate_Care to learn about upcoming webinars and new products!
Webinar Evaluation Form

- Your feedback is very important! Please take a moment to complete a brief evaluation on the quality of the webinar. The survey will automatically appear on the screen approximately one minute after the conclusion of the presentation.

- We would also like to invite you to provide feedback on other RIC products as well as suggestions to inform the development of potential new resources: https://www.research.net/r/MVGNWVJ
Resources

- American Academy of Developmental Medicine and Dentistry (AADMD), *Dementia Evaluation and Care in Aging Adults with IDD*: https://aadmd.org/sites/default/files/Dementia_And/DD_Rememering_Bill.pdf
- *Charting the LifeCourse* tools and resources are available at https://www.lifecoursetools.com/
- Examples of One Page Profiles are available at https://onepageprofiles.wordpress.com/about/
- Massachusetts Department of Developmental Services and the E.K. Shriver Center, University of Massachusetts Medical School, “Age-related Health Issues in People with ID”: http://shriver.umassmed.edu/sites/shriver.umassmed.edu/files/CDDER_QINA_Aging_web.pdf.
- For further resources on supporting individuals with I/DD, including previous webinars on aging and I/DD, visit https://www.resourcesforintegratedcare.com/concepts/intellectual-developmental-disabilities
Sources


6. Kerins, G. Unpublished data from a recently completed observational study over a two year period of persons with Down syndrome followed at the Adler Center, an outpatient geriatric program of Yale New Haven Hospital.