**Autism Commission**

 Adult Sub-Committee Meeting Minutes

March 5, 2019, 11:00 a.m. –12:30 p.m.

500 Harrison Avenue, Boston, MA

Present: Christine Hubbard, Kathy Sanders, Carolyn Kain, Dianne Lescinskas, Lea Hill, Olga Yulikova, Janet George, Maria Stephano, Nancy Marticio, Amanda Bernardo, Whitney Moyer and Beth Zwick

Remote Access: Joshua Greenberg, Dania Jekel and Rita Gardner

**Remote Participation - Review and Approval of Minutes**

Carolyn Kain stated that the meeting was subject to the Open Meeting Law and that the Sub-Committee members present would need to vote to approve the remote participation of some members because of their geographic location, whenever any members were utilizing video and/or teleconferencing. Remote access was approved unanimously by the subcommittee members present.

The minutes from the January meeting were reviewed and with one minor change, were approved unanimously.

**Presentation and Discussion Regarding EOEA Services and Caregivers and People Aging with Autism**

Amanda Bernardo, Acting chief of Staff for the Executive Office of Elder Affairs, gave a presentation to this subcommittee on the variety of programs and array of services offered by EOEA. She also handed out two (2) documents – a Fact Sheet from the Aging Services Network and a Mass Options information card. The demographics of EOEA are 60+ and there are many that are living with dementia. At the Governors State of the State Address, he discussed that we all should think differently around aging.

***Discussion points***:

* There are 350 Councils on Aging
* 26 Aging Services Access Points (ASAPs)
* 22 area agencies on aging (AAAs)
* 11 Aging and Disability Resource Consortia
* Recently, EOEA did a listening tour and put together the top 10 questions that were asked during the tour (included in the PowerPoint)
* State Home Care Program is unique to Massachusetts and their largest program – there is a clinical and income eligibility requirements
* Included in State Home Care Program is Adult Day Health (different from Adult Day Hab.) it can be accessed for 5-6 days at 6 hours per day and is used by family care givers as respite. You can private pay for this service. It provides social interaction and health and medical support.
* There was discussion on the difference between Adult Day Health and Adult Day Hab.
* Adult Foster Care was discussed – there is advocacy on this issue to allow a single parent, who is the guardian, to also be the Adult Foster Care – other states have waivers on this issue but it doesn’t exist in MA
* Whitney Moyer, from MassHealth discussed Community Case Management for medically complex children – there is a case manager involved and they work with the parents to coordinate care
* Discussion on behavior health – M.H. looking at better training for LTSS - also looking to help connect to the appropriate resources – there is conversation happening around PCA and prompting and cueing and the need to evolve to meet the needs of ASD
* Caregivers Support Program (EOEA) – caregiver specialists are available at 24 Aging Access points (ASAPs), which cover every area of the Commonwealth
* Nutrition Program – no income eligibility
* SHINE Program – free, unbiased advice on Medicare options – the councilors are experts in Medicare and are volunteers
* Adult Protective Services – elder abuse which includes neglect, financial scams – there is a 24 hour hotline

***Questions by subcommittee members***

* There are a substantial portion of adults with ASD but not diagnosed – are they seeing these individuals in EOEA? There is potential for collaboration with this subcommittee to work on this issue. Case managers are receiving more training each year and each Council on Aging has a social worker that could help connect to other agencies or resources. There is also an initiative for a shared data base in the state.
* Ms. Jekel asked about Housing – there will be a separate presentation from EOEA specific to Housing. She also asked about “after death planning” – there is no solid direct entity that does this specific work but ASAPs does an assessment of needs for individuals and could be captured at that time. There are also surrogate agencies looking at health care proxies in the state – more information is needed on this topic.
* Ms. Jekel also asked about aging individuals going into a hospital and not having family members to help advocate for them. Some of these individuals can get themselves into trouble and she feels it is an important topic to discuss. It was discussed that this is a hospital training issue but also important to have an adult advocate. This goes with the discussion on health care proxy and another connecting piece to MassHealth and ACO’s.
* Ms. Zwick discussed the large number of individuals aging with ASD and asked how systems will handle this as they get older and need more services. Many of these individuals may not have been diagnosed.

There was a question on having a discussion for new recommendations to be submitted in September 2019. Ms. Kain discussed that we are working on current recommendations and that there is a pilot program (isolation and young adults) that is ongoing related to recommendation #1. It is not a requirement to add new recommendations each year but better to monitor and work on current recommendations and add new recommendations when there is a specific need.

Ms. Kain thanked Whitney Moyer from MassHealth for attending this meeting and she will identify someone from MassHealth to join this subcommittee for future meetings. She also discussed that MassHealth is looking at data on ASD and how many individuals are accessing day Hab. vs. Adult Foster Care.

The next meeting of this subcommittee is May 13th(2 hours) and EOEA will present with a focus on housing and long term supports. MassHealth will also present data that was discussed at this meeting. AANE would like to present their finding from a recent survey - it was suggested that it could be done at a meeting in June or July. The co-chairs will look at dates in June and July that work for a meeting and will send out a doodle poll to the subcommittee to confirm a date.

With no further business to discuss, the meeting was adjourned.