


Disability-Competent Care Webinar Compendium

Disability-competent care (DCC) is a participant-centered model that focuses on providing care and supports to maximize function and minimize barriers to integrated care for individuals with disabilities. It responds to participants' physical and clinical requirements while also considering emotional, social, intellectual, and spiritual needs. Seven functional area pillars form the foundational structure of the DCC model: 1) understanding DCC and disability; 2) participant engagement; 3) access; 4) primary care; 5) care coordination; 6) long-term services and supports (LTSS); and 7) behavioral health (BH). Learn more about the DCC model [here](#).

The [Resources for Integrated Care](#) (RIC) resources library includes webinars on the topic of DCC and beyond. This document provides a comprehensive list of all RIC webinars that address DCC-related topics, notes the pillar to which each webinar most closely aligns, and offers a link to webinar materials.

Assessment Questions

The 2017 Disability-Competent Care Webinar Series reviews the seven pillars of the DCC model. RIC developed assessment questions for each of the webinars in the 2017 and 2018 Disability-Competent Care Webinar Series, along with some additional webinars that were not part of a series. These assessment questions and responses are available in the [Appendices](#) to this document and are accessible by clicking on the  icon in the table below.

Additional Video Resources

The Colorado Department of Health Care Policy & Financing provides a [video resource library](#) on DCC. The video topics include:


1. The Healthcare Experience for People with Disabilities
2. What is Disability Competent Care
3. Core Values of Disability Competent Care
4. Introducing the 3 Pillars of Disability Competent Care
5. Pillar 1 Disability Competent Communication Access
6. Pillar 2 Disability Competent Programmatic Access
7. Pillar 3 Disability Competent Physical Access

Webinars

Series Name	Webinar Name	Air Date	Pillar 1: UNDERSTANDING	Pillar 2: ENGAGEMENT	Pillar 3: ACCESS	Pillar 4: PRIMARY CARE	Pillar 5: CARE COORDINATION	Pillar 6: LTSS	Pillar 7: BH	Assessment
DCC Webinar Series (2018)	Improving Accessibility In Provider Settings	2/21/2018			■					
	Serving Adults With Disabilities On The Autism Spectrum	2/28/2018							■	
	Palliative And Hospice Care For Persons With Disabilities	3/7/2018					■			
	Supporting Participants With Complex Behavioral Health Needs	3/14/2018					■		■	
	Interdisciplinary Team Building, Management, And Communication	3/21/2018					■			
	Managing Transitions With Adults With Disabilities	3/28/2018					■			
	Building Partnerships: Health Plans And Community-Based Organizations	4/4/2018					■			
DCC Webinar Series (2017)	Introduction To DCC And Disabilities	2/8/2017	■							
	Disability-Competent Participant Engagement	2/15/2017		■						
	Disability-Competent Access	2/22/2017			■					
	Disability-Competent Primary Care	3/1/2017				■				
	Disability-Competent Care Coordination	3/8/2017					■			
	Disability-Competent Long-Term Services and Supports	3/22/2017						■		
	Disability-Competent Behavioral Health	3/15/2017							■	

Series Name	Webinar Name	Air Date	Pillar 1: UNDERSTANDING	Pillar 2: ENGAGEMENT	Pillar 3: ACCESS	Pillar 4: PRIMARY CARE	Pillar 5: CARE COORDINATION	Pillar 6: LTSS	Pillar 7: BH	Assessment
Strategies for the Implementation of DCC Webinar Series (2015)	Disability-Competent Care; What Is It And Why Is It Important?	5/6/2015	■							
	Understanding The Lived Experience Of Disability	5/13/2015		■						
	Integrating Behavioral Health Competency Within Primary Care	5/20/2015							■	
	Approaches To Creating A Disability-Competent Primary Care Network	5/27/2015				■				
	Dignity Of Risk	6/3/2015	■							
	Stimulating And Supporting Participant Engagement	6/10/2015		■						
	Flexible Long Term Services And Supports	6/17/2015						■		
	The Care Management Relationship	6/24/2015					■			
DCC Webinar Roundtable Series: Training in DCC and Supports (2014)	Dignity Of Risk	2/4/2014	■							
	Strategies To Stimulate And Support Participant Engagement	2/11/2014		■						
	Mobility And Seating Assessments, And Equipment Procurement	2/18/2014			■					
	Using And Maintaining Mobility Equipment	2/25/2014			■					
	Meeting The Transportation Needs Of Enrolled Participants	3/18/2014						■		
	Providing Home Modifications	3/25/2014						■		
	Building Partnerships Between Health Care (Plans & Providers) And Community-Based Organizations	4/1/2014					■			
	Integrating Behavioral Health Competency Within Disability-Competent Teams	4/8/2014							■	

Series Name	Webinar Name	Air Date	Pillar 1: UNDERSTANDING	Pillar 2: ENGAGEMENT	Pillar 3: ACCESS	Pillar 4: PRIMARY CARE	Pillar 5: CARE COORDINATION	Pillar 6: LTSS	Pillar 7: BH	Assessment
Leading Healthcare Practices and Training: Defining and Delivering DCC Webinar Series (2013)	Disability-Competent Care — What Is It And Why Is It Important?	9/4/2013	■							
	The Lived Experience Of Disability	9/10/2013			■					
	The Care Coordination Relationship	9/17/2013					■			
	Providing Disability-Competent Primary Care	10/22/2013				■				
	Disability-Competent Care Planning: The Individualized Plan Of Care	10/29/2013					■			
	Managing Transitions	11/5/2013					■			
	Flexible Long Term Services And Supports	11/12/2013						■		
	Building A Disability-Competent Provider Network	12/3/2013					■			
	Preparing For New Roles & Responsibilities — Participant And Provider Readiness	12/10/2013					■			

Series Name	Webinar Name	Air Date	Pillar 1: UNDERSTANDING	Pillar 2: ENGAGEMENT	Pillar 3: ACCESS	Pillar 4: PRIMARY CARE	Pillar 5: CARE COORDINATION	Pillar 6: LTSS	Pillar 7: BH	Assessment
Additional RIC Webinars	Disability-Competent Care Self-Assessment Tool Webinar: Supporting Providers To Integrate Care To Maintain Health And Independence	6/19/2013	■							
	Preventive Care and Health Screenings for Persons with Disabilities	11/2/2017			■					
	Webinar On A Disability Competence Resource: DCCAT	12/13/2017	■							
	Disability-Competent Care Resource On Access	7/18/2019			■					
	Disability-Competent Care Conversation On Access With ADANN	7/31/2019			■					
	Disability-Competent Care Resource On Care Coordination	9/5/2019					■			
	Disability-Competent Care Conversation On Care Coordination With ICS	9/5/2019					■			
	Promoting Disability-Competent Care During COVID-19	4/22/2021					■			
	Supporting The Preventive Health Care Needs Of Dually Eligible Women With Disability	5/12/2021			■					
	Strategies For Improving Care Coordination For Individuals With Intellectual And Developmental Disabilities (I/DD) Webinar	8/9/2022					■			
	Emergency Preparedness Planning For Persons With Disabilities Webinar	8/24/2022					■			

The Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS) seeks 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. This compendium is intended to support health plans and providers in integrating and coordinating care for dually eligible beneficiaries. It does not convey current or anticipated health plan or provider requirements. For additional information, please go to <https://www.resourcesforintegratedcare.com/>. Please submit feedback to RIC@lewin.com.

Appendices

Appendix A: Disability-Competent Care Webinar Series (2018) Assessment Questions and Answers

Improving Accessibility In Provider Settings

Question	Answer
1. Individuals with disabilities are more likely to: <ul style="list-style-type: none"> a. Not receive comprehensive preventive care b. Experience difficulties in receiving necessary care c. Experience worse outcomes d. All of the above 	d. All of the above
2. True or False: To improve accessibility to care, it is important to consider the attitudes, processes, and systems in the care environment and the social determinants of health that may affect the participant. <ul style="list-style-type: none"> a. True b. False 	a. True
3. Which of the following components of the care environment can affect a participant's access to care? <ul style="list-style-type: none"> a. Physical (facility and equipment) b. Attitudinal c. None of the above d. Both a & b 	d. Both a & b
4. Which of the following is a component of an accessible facility? <ul style="list-style-type: none"> a. Signage for people who are blind or have low vision b. Entry doors without the required clearance width c. Restrooms without signage for people who are blind or have low vision d. All of the above 	a. Signage for people who are blind or have low vision
5. Disability can have a negative effect on: <ul style="list-style-type: none"> a. Access to transportation b. Work, employment, and income c. Social inclusion d. All of the above 	d. All of the above
6. True or False: The Americans with Disabilities Act does not require equal access to medical care services and the facilities where services are provided. <ul style="list-style-type: none"> a. True b. False 	b. False
7. True or False: Section 504 of the Rehabilitation Act of 1973 prohibits discrimination on the basis of disability by any program or activity receiving federal financial assistance. <ul style="list-style-type: none"> a. True b. False 	a. True
8. What is a strategy that organizations can use to establish a collaborative approach to improve accessibility? <ul style="list-style-type: none"> a. Implementing education programs to help practices improve accessibility b. Engaging community-based organizations and local stakeholders in accessibility efforts c. Both a & b d. None of the above 	c. Both a & b

Question	Answer
<p>9. When implementing quality improvement mechanisms to increase accessibility, practices should consider which of the following?</p> <ul style="list-style-type: none"> a. Renovating an entire facility at once b. Implementing improvements in small steps over 1-2 years and participating in consultations to identify low-cost fixes c. Conducting high-cost fixes that are not practice-specific d. None of the above 	b. Implementing improvements in small steps over 1-2 years and participating in consultations to identify low-cost fixes
<p>10. How can providers increase accessibility for participants?</p> <ul style="list-style-type: none"> a. Collecting information on participants' functional limitations b. Adding accessibility needs to participants' medical records c. Verifying accessibility needs during visits with participants d. All of the above 	d. All of the above

Serving Adults With Disabilities On The Autism Spectrum

Question	Answer
<p>1. Autism and autism spectrum disorder (ASD) are terms for a group of complex neurodevelopmental disabilities that affect social communication, sensory processing, and scope of interests.</p> <ul style="list-style-type: none"> a. True b. False 	a. True
<p>2. Autism does not manifest on a linear spectrum because:</p> <ul style="list-style-type: none"> a. The skills and challenges of autistic individuals fall across multiple spectra b. Skills and challenges can change over time as people mature, as they learn coping skills, and as demands change c. Skills and challenges can change depending on environmental stimuli, supports, and stressors d. All of the above 	d. All of the above
<p>3. People with disabilities are more likely to:</p> <ul style="list-style-type: none"> a. Experience worse outcomes b. Experience difficulties or delays in receiving necessary health care c. Have limited knowledge and access to sexual health information d. All of the above 	d. All of the above
<p>4. Participants on the autism spectrum may experience difficulties receiving adequate health care due to factors such as:</p> <ul style="list-style-type: none"> a. Accessibility b. Challenges with body awareness c. Participants on the autism spectrum do not experience difficulties in receiving adequate care d. Both a and b 	d. Both a and b
<p>5. Providers can do which of the following to ensure that participants on the autism spectrum receive adequate care during a visit?</p> <ul style="list-style-type: none"> a. Show the participant equipment before using it b. Provide time for the participant to process what has been said and respond c. None of the above d. Only a & b 	d. Only a & b

Question	Answer
<p>6. The Autism Health Care Accommodations Tool (AHAT) includes which of the following topic areas?</p> <ul style="list-style-type: none"> a. How the participant communicates b. Strengths, interests, and strategies for addressing anxiety in health care settings c. Accessing health care d. All of the above 	d. All of the above
<p>7. What are the benefits of using health care toolkits and tools such as the AHAT?</p> <ul style="list-style-type: none"> a. These tools help providers generate more income b. These tools do not help to reduce disparities c. These tools help health care providers to understand and be more receptive to reasonable accommodations and participant requests d. Both a & b 	c. These tools help health care providers to understand and be more receptive to reasonable accommodations and participant requests
<p>8. When autistic individuals transition to adulthood, they often experience a drop off in autism and behavioral health services.</p> <ul style="list-style-type: none"> a. True b. False 	a. True
<p>9. Which of the following is true regarding applied behavioral health analysis?</p> <ul style="list-style-type: none"> a. It is not a scientific discipline b. The goal is to develop effective treatments that will support improving behavior problems and learning c. It is concerned with the understanding and improvement of human behavior in home, clinics, and school d. All of the above e. Both b & c 	e. Both b & c
<p>10. What are some components of the functional behavioral assessment?</p> <ul style="list-style-type: none"> a. Interviewing the caregiver and observing the participant b. Identifying developmental gaps and delays c. Designing evidence-based treatment plans to address problem behaviors and/or developmental delays d. Recommending goals and treatments to the health plan e. All of the above 	e. All of the above

Palliative And Hospice Care For Persons With Disabilities

Question	Answer
<p>1. Which of the following applies to hospice care?</p> <ul style="list-style-type: none"> a. Provides support and care for participants and their families in the last phases of a life-limiting illness b. Focuses on quality of life for participants and their families c. Promotes a care community that is sensitive to participant needs d. Affirms life and does not hasten or postpone death e. All of the above 	e. All of the above

Question	Answer
<p>2. Which of the following is false?</p> <ul style="list-style-type: none"> a. Palliative care is specialized medical care that is used by people living with serious illness b. Palliative care is appropriate at any age and at any stage of serious illness c. Palliative care and hospice care are identical d. All of the above are false 	<p>c. Palliative care and hospice care are identical</p>
<p>3. Which of the following is true regarding palliative care?</p> <ul style="list-style-type: none"> a. Focuses on providing relief from illness, symptoms, and stresses b. Improves quality of life for the participant and their family c. Provided by only one health care professional d. Both a and b 	<p>d. Both a and b</p>
<p>4. True or False: The Rehabilitation Act of 1973, the Individuals with Disabilities Education Act of 1975, and the Americans with Disabilities Act of 1990 led to the inclusion of people with disabilities.</p> <ul style="list-style-type: none"> a. True b. False 	<p>a. True</p>
<p>5. Medicare Hospice Centers must offer which of the following services?</p> <ul style="list-style-type: none"> a. Routine home care b. Continuous home care c. Inpatient care d. Respite care e. All of the above 	<p>e. All of the above</p>
<p>6. True or False: In hospice care, the interdisciplinary team assists the participant with the emotional, psychosocial, and spiritual aspects of dying.</p> <ul style="list-style-type: none"> a. True b. False 	<p>a. True</p>
<p>7. The hospice interdisciplinary team may consist of all of the following except:</p> <ul style="list-style-type: none"> a. Nurses and physicians b. Physical, occupational, and speech therapy professionals c. Chaplains d. Family members e. All of the above 	<p>d. Family members</p>
<p>8. Hospice staff should avoid which of the following?</p> <ul style="list-style-type: none"> a. Touching an individual's wheelchair, scooter, or cane b. Assuming an individual needs help with certain tasks c. Treating persons with disabilities as if they are not independent d. All of the above 	<p>d. All of the above</p>
<p>9. True or False: Traditional palliative care services are most effective when the participant has a strong family and social support system.</p> <ul style="list-style-type: none"> a. True b. False 	<p>a. True</p>
<p>10. Which of the following is true regarding safety-net palliative care services?</p> <ul style="list-style-type: none"> a. Offer supports to meet socioeconomic needs b. Offer supports to meet behavioral health needs c. Support the building of relationships during the care process, for participants, providers, and care partners d. All of the above 	<p>d. All of the above</p>

Supporting Participants With Complex Behavioral Health Needs

Question	Answer
<p>1. True or False: Mental illness is defined as a mental, behavioral, or emotional disorder that can vary in impact, ranging from no impairment to mild, moderate, and even severe impairment.</p> <ul style="list-style-type: none"> a. True b. False 	a. True
<p>2. Which of the following is true regarding serious mental illness?</p> <ul style="list-style-type: none"> a. It is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment b. It substantially limits one or more major life activities c. The burden of mental illnesses is particularly concentrated among those who experience disability due to serious mental illness d. All of the above 	d. All of the above
<p>3. Mental illness can manifest in which of the following ways?</p> <ul style="list-style-type: none"> a. Changes in mood b. Unwanted and repeated thoughts and impulses c. Hallucinations and delusions d. Extreme disturbances in eating patterns e. All of the above 	e. All of the above
<p>4. True or False: The population dually eligible for Medicare and Medicaid has a much lower prevalence of mental illness diagnosis compared to the general U.S. adult population.</p> <ul style="list-style-type: none"> a. True b. False 	b. False
<p>5. All of the following are true except:</p> <ul style="list-style-type: none"> a. Dually eligible beneficiaries show a greater percentage of past-year substance use disorder or any mental illness compared to individuals who are not dually eligible b. Adults with untreated or under-treated co-occurring disorders are more likely to have greater socioeconomic challenges c. Adults with untreated or under-treated co-occurring disorders are unlikely to have poorer health outcomes d. Approximately 50% of adults with a mental illness have a co-occurring substance use disorder e. All of the above are true 	c. Adults with untreated or under-treated co-occurring disorders are unlikely to have poorer health outcomes
<p>6. Providers can take which of the following steps to improve engagement for individuals recovering from mental illness?</p> <ul style="list-style-type: none"> a. Respect the decisions of the participants and their care partners b. Disregard the participant's decisions in favor of the decisions of the care partners c. Use motivational interviewing to address patient resistance or ambivalence d. Both a & c 	d. Both a & c
<p>7. Recovery support services include:</p> <ul style="list-style-type: none"> a. In-home services and independent living supports b. Assertive community treatment teams c. Supportive housing d. Medication assisted substance use disorder treatment e. All of the above 	e. All of the above

Question	Answer
8. Families engaged in treatment and recovery can help family members recovering from mental illness by: a. Offering advice and encouragement b. Recognizing early warning signs c. Acting as advocates d. Both b & c are true e. a, b & c are all true	e. a, b & c are all true
9. What are the challenges associated with inpatient psychiatric facilities? a. They are rarely equipped to provide appropriate psychiatric care b. They cause gaps in care delivery c. They can be expensive d. They can be restrictive in the services they deliver e. All of the above	e. All of the above
10. What is the importance of crisis stabilization units? a. They help to fill gaps in care that are not addressed by existing psychiatric care settings b. They help families cope with the challenges posed by family members with serious mental illness c. They are focused on care partners rather than the participant d. None of the above	a. They help to fill gaps in care that are not addressed by existing psychiatric care settings

Interdisciplinary Team Building, Management, And Communication

Question	Answer
1. The core members of the interdisciplinary care team (IDT) include all of the following except: a. Nurses b. Family members c. Social workers d. Primary care practitioners e. Behavioral health specialists	b. Family members
2. Beneficiaries dually eligible for Medicare and Medicaid often require: a. Multiple medical specialists b. Complex health and social services c. Immediate responsiveness to prevent the development or escalation of episodes of illness d. All of the above	d. All of the above
3. The goal of the IDT is to help participants receive the care they need and achieve identified goals. a. True b. False	a. True
4. The responsibilities of the IDT include: a. Assessing and creating the participant's individualized plan of care b. Addressing urgent and acute episodes of care c. Managing care transitions d. Allocating care management and resources e. All of the above	e. All of the above

Question	Answer
5. A standard agenda at an IDT meeting includes: a. Enrollment activity b. Clinical presentations and review of guidelines c. Review of hospitalized participants, emergency room visits, and recent discharges d. Morbidity and mortality rounds e. All of the above	e. All of the above
6. Courage Kenny's Advanced Primary Care clinics do not aid in addressing challenges such as limited primary care provider understanding and knowledge of participants with disabilities. a. True b. False	b. False
7. Courage Kenny's in-home community services: a. Include Independent living skills b. Do not include behavioral services c. Are designed to work with participants to teach them the skills needed to live and work in the community d. None of the above e. Both a & c	e. Both a & c
8. Care teams can manage community-based team communication to reduce silos of care by: a. Keeping an outdated list of care team providers and their roles b. Prioritizing care plan goals and outcomes c. Utilizing effective communication methods such as secure email messages d. Both b & c are true e. a, b & c are all true	d. Both b & c are true
9. Shared decision-making is important because it ensures participants are well-informed and choose a course of care consistent with their values and preferences. a. True b. False	a. True
10. Which of the following tools support teamwork, coordination, and communication within IDTs? a. Clearly defined care plans b. Appointment planning sheets for participants c. Protocols for medical issues such as urinary tract infections d. All of the above	d. All of the above

Managing Transitions With Adults With Disabilities

Question	Answer
1. Individuals with disabilities are more likely to: a. Experience worse health outcomes b. Experience difficulties or delays in receiving necessary health care c. Have limited knowledge and access to sexual health information d. Have high blood pressure e. All of the above	e. All of the above

Question	Answer
<p>2. For beneficiaries dually eligible for Medicare and Medicaid and participants with disabilities, these factors may result in fewer options during transitions (select all that apply):</p> <ul style="list-style-type: none"> a. Limited finances b. Unwillingness to transition care c. Care partner availability d. Transportation requirements e. None of the above 	a, c, & d
<p>3. True or False: Successful transitions depend on partnerships with community organizations.</p> <ul style="list-style-type: none"> a. True b. False 	a. True
<p>4. Who is responsible for developing and implementing the transition plan, and should ensure that all aspects of the transition, including setting up supports in the new setting, are addressed?</p> <ul style="list-style-type: none"> a. Care partner b. Interdisciplinary care team c. Social worker d. Participant 	b. Interdisciplinary care team
<p>5. Challenges in providing transition services include:</p> <ul style="list-style-type: none"> a. Locating affordable, accessible, and integrated housing b. Serving residents with complex needs (e.g., lack of housing, severe mental illness, intellectual and developmental disabilities, need for assistance with 5+ activities of daily living, need for ventilator care) c. Balancing consumer direction and risk d. Serving consumers with impaired judgment e. All of the above 	e. All of the above
<p>6. Who assumes responsibility for service planning for transitions of adults from institutions to the community?</p> <ul style="list-style-type: none"> a. Transition Coordinators b. Care partners c. Policy makers d. Participants 	a. Transition Coordinators
<p>7. True or False: Individuals with disabilities are more likely to receive comprehensive preventive care, including health screening tests.</p> <ul style="list-style-type: none"> a. True b. False 	b. False
<p>8. Transitions occur across three elements of hierarchy of needs. Select all three elements.</p> <ul style="list-style-type: none"> a. Health (medical stability) b. Mobility & Function c. Transportation d. Community Participation 	a, b, & d

Question	Answer
9. Transitions include changes in: a. Care settings b. Providers and care partners c. Medications d. Financial situations e. Housing f. Employment status g. All of the above	g. All of the above
10. True or False: Multiple funding sources and regulations for services, including limited selection of providers, can result in difficulties understanding and navigating health care and support services programs. a. True b. False	a. True

Building Partnerships: Health Plans And Community-Based Organizations

Question	Answer
1. True or False: Persons with disabilities, especially beneficiaries dually eligible for Medicare and Medicaid, commonly experience increased health needs due to disability related illnesses and multiple chronic conditions, and social isolation due to community access limitations. a. True b. False	a. True
2. Social determinants of health impact which of the following health outcomes? a. Mortality b. Morbidity c. Life Expectancy d. Health Care Expenditures e. Health Status f. Functional Limitation g. All of the above	g. All of the above
3. What percentage of health outcomes are related to factors outside of clinical health care? a. 10% b. 50% c. 100% d. 80%	d. 80%
4. Who is often in the best position to address the social determinants of health for participants in the community? a. Health plan staff b. Consultants c. Community-based organizations d. Family care partners	c. Community-based organizations
5. True or False: A partnership is a collaboration between two or more organizations to create a system of care to better meet the needs of the population being served. a. True b. False	a. True

Question	Answer
<p>6. What do participants bring to the health care relationship?</p> <ul style="list-style-type: none"> a. Understanding of their disability, including what works and what doesn't work for them b. Providers with whom they have trust and confidence c. Understanding of the access and systemic barriers they face d. Knowledge of claims payments, incentives, and managing risk e. a, b, & c 	e. a, b, & c
<p>7. True or False: Commitment from executive leadership prior to developing a partnership is detrimental to the overall goal.</p> <ul style="list-style-type: none"> a. True b. False 	b. False
<p>8. True or False: Persons with disabilities are susceptible to falling through the cracks and experiencing avoidable episodes of illness and other crises that result in the loss of independence and community participation.</p> <ul style="list-style-type: none"> a. True b. False 	a. True
<p>9. Which of these approaches can better meet the complex needs of dually eligible beneficiaries?</p> <ul style="list-style-type: none"> a. Reducing the access to supports and services b. Partnerships of like-minded organizations with complementary competencies c. Improving salaries for providers d. More surveys of patient satisfaction 	b. Partnerships of like-minded organizations with complementary competencies
<p>10. What is a crucial step to building a partnership?</p> <ul style="list-style-type: none"> a. Assess the external market for potential opportunities b. Complete an in-depth organizational readiness assessment to better understand individual and cohort-level readiness c. Design partnerships in a way that has meaning to potential partners; partner organizations are strategically selected based on their work and service models d. Identify the primary challenges to be addressed by the partnership e. All of the above 	e. All of the above

Appendix B: Disability-Competent Care Webinar Series (2017) Assessment Questions and Answers

Introduction To DCC And Disabilities

Question	Answer
<p>1. True or False: Persons living with disabilities are a diverse group varying in different characteristics, including but not limited to age; gender; gender identity; race; ethnicity; socioeconomic status; sexual orientation; and type of functional limitation.</p> <ul style="list-style-type: none"> a. True b. False 	a. True
<p>2. A diagnosis identifies the cause or source of an individual’s disability, whereas functional status identifies:</p> <ul style="list-style-type: none"> a. The medication prescribed b. The participant's identity c. The impact of the disability d. All of the above 	c. The impact of the disability
<p>3. Disabilities include:</p> <ul style="list-style-type: none"> a. Congenital disability (acquired at birth) b. Disability acquired early in life c. Disability acquired later in life d. All of the above 	d. All of the above
<p>4. Which of the following is an example of a visible disability?</p> <ul style="list-style-type: none"> a. Paralysis b. Hearing loss c. Diabetes d. All of the above 	a. Paralysis
<p>5. True or False: Disability-related biases can often inhibit listening to and learning from the participant, which may also result in adverse health outcomes.</p> <ul style="list-style-type: none"> a. True b. False 	a. True
<p>6. Disability-Competent Care is:</p> <ul style="list-style-type: none"> a. A participant-centered model, delivered by an interdisciplinary care team (IDT) that focuses on achieving and supporting maximum function b. Intended to maintain health, wellness, and life in the community as the participant chooses c. A model that recognizes and treats each individual as a whole person, not a diagnosis or condition d. All of the above 	d. All of the above
<p>7. True or False: The medical (traditional) model is foundational to the Disability-Competent Care model.</p> <ul style="list-style-type: none"> a. True b. False 	b. False
<p>8. In the Disability-Competent Care model, the perception of the person with a disability is as a:</p> <ul style="list-style-type: none"> a. Participant b. Patient c. Consumer d. Both a & c 	d. Both a & c

Question	Answer
9. The core values of the Disability-Competent Care model are: a. Participant-centered; Respect for participant choice; and Elimination of medical bias b. Participant-centered; Respect for participant choice; and Fixing the person through professional intervention c. Physical or mental impairment; Fixing the person through professional intervention; and The individual is a patient	a. Participant-centered; Respect for participant choice; and Elimination of medical bias
10. People with disabilities are more likely to: a. Experience worse outcomes and are less likely to receive the recommended care b. Experience difficulties or delays in receiving the necessary health care c. Go without recommended health screening tests d. All of the above	d. All of the above

Disability-Competent Participant Engagement

Question	Answer
1. Participant engagement includes careful review of which records? a. Personal history b. Social history c. Health history d. All of the above	d. All of the above
2. Communication barriers in the health care setting and system can result in: a. The participant being unable to hear the provider b. The participant being unable to comprehend the provider c. Both a & b d. The participant being unable to obtain the necessary care	c. Both a & b
3. True or False: Utilization history is usually indicative of the participant's ability to self-manage their services and supports. a. True b. False	a. True
4. Tips to help participants with directing their own care include: a. Bring a friend or assistance with you to the provider to take notes and provide support b. Avoid seeing a provider until absolutely necessary c. Call the provider's office ahead to ask about accessibility concerns d. Both a & c	d. Both a & c
5. The care planning process does NOT include the following step: a. Intervention b. Identification of needs and priorities c. Evaluation and refinement d. Development of a care and service plan	a. Intervention
6. The interdisciplinary care team does NOT include: a. A social worker b. A government representative c. A primary care practitioner d. A nurse	b. A government representative

Question	Answer
7. True or False: The Individualized Care Plan (ICP) cannot be revised over time. a. True b. False	b. False
8. The ICP addresses the participant's: a. Life goals b. Care goals c. Specific action steps to meet the goals d. All of the above	d. All of the above
9. Components of the ICP include: a. Risk management plan b. Communication needs c. Both a & b d. None of the above	c. Both a & b
10. True or False: Only certified professionals can be considered care partners. a. True b. False	b. False

Disability-Competent Access

Question	Answer
1. People with disabilities are more likely to: a. Live longer b. Have high blood pressure c. Not receive comprehensive preventive care d. Both a & b e. Both b & c	e. Both b & c
2. Which of the following is NOT a common stereotype about people with disabilities? a. They lack skills and talents b. They are friendly c. They are helpless d. They are fragile	b. They are friendly
3. True or False: Biases can result in health disparities and poorer outcomes due to basic needs not being addressed. a. True b. False	a. True
4. Which of the following are areas of accommodation in the health care setting? a. Physical accommodations b. Nutritional accommodations c. Visual accommodations d. All of the above e. Only a & c	e. Only a & c
5. Which of these accommodations can improve access to care for participants with disabilities? a. Schedule longer appointments b. Provide an accessible scale c. Provide an assisted listening device d. All of the above	d. All of the above

Question	Answer
6. True or False: The office reception and waiting area does not need to be accessible because health care is not delivered there. a. True b. False	b. False
7. When is the right time to inform participants of the level of physical accessibility of the care setting? a. During the appointment b. Never c. Before scheduling the appointment d. When the participant arrives at the appointment	c. Before scheduling the appointment
8. Which of the following aspects of communication can limit a participant from receiving and using health information? a. Seeing b. Hearing c. Understanding d. Remembering e. All of the above	e. All of the above
9. Programmatic access can include helping participants to access and navigate the following services: a. Transportation services b. Financial supports c. Food stamps d. All of the above e. None of the above	d. All of the above
10. Which of these steps can help providers to implement accessibility in their organization? a. Only serve participants without disabilities b. Update policies to include all levels of accessibility c. Limit services for participants with disabilities d. All of the above	b. Update policies to include all levels of accessibility

Disability-Competent Primary Care

Question	Answer
1. How does the Disability-Competent Care model mitigate challenges associated with avoidable utilization of emergency departments? a. Staff training b. 24/7 access to the care team supported by the participant’s clinical record c. Informed decision making d. All of the above e. Only b & c	e. Only b & c
2. How does the Disability-Competent Care model mitigate challenges associated with the traditional “disempowered role” of the participant? a. Increased utilization b. Meaningful participant involvement in care management and care design c. Coherent and fully organized hospital, institutional and specialist network center d. All of the above	b. Meaningful participant involvement in care management and care design

Question	Answer
<p>3. Primary care for persons with disabilities involves:</p> <ul style="list-style-type: none"> a. Maintaining health b. Preventing or managing common secondary complications c. Preventing avoidable hospitalizations d. Establishing transition protocols to mitigate difficult changes e. All of the above 	e. All of the above
<p>4. True or False: Participants with higher social risk factors (e.g., lower socioeconomic status) are less likely to receive certain medical interventions which can lead to worse health outcomes.</p> <ul style="list-style-type: none"> a. True b. False 	a. True
<p>5. Disability-competent primary care includes having additional or alternative delivery of services, such as:</p> <ul style="list-style-type: none"> a. Home care if the participant's health status affects their ability to travel to a primary care provider b. Ramps to enter the care setting c. Electronic health records d. All of the above 	a. Home care if the participant's health status affects their ability to travel to a primary care provider
<p>6. True or False: Traditional protocols and practices for the management of chronic conditions are never applicable to participants with disabilities.</p> <ul style="list-style-type: none"> a. True b. False 	b. False
<p>7. Which of the following are not true for participants with disabilities?</p> <ul style="list-style-type: none"> a. Women are less likely to receive routine mammograms b. Men are less likely to have or discuss routine prostate exams c. Both men and women are less likely to receive recommended colonoscopies d. All of the above are true for participants with disabilities 	d. All of the above are true for participants with disabilities
<p>8. Sexual health assessments for participants with disabilities include:</p> <ul style="list-style-type: none"> a. Offering education, testing, and birth control b. Incorporating sexual health history and participant interests c. Being aware of past and current sexual abuse d. All of the above 	d. All of the above
<p>9. True or False: Secondary conditions are inevitable when living with a disability and do not need to be addressed.</p> <ul style="list-style-type: none"> a. True b. False 	b. False
<p>10. Which of these is NOT a strategy to help practices establish and strengthen their disability competence?</p> <ul style="list-style-type: none"> a. Provider training programs b. Offering a checklist on the physical elements of providing disability-competent care c. Only work with participants without disabilities d. All of the above 	c. Only work with participants without disabilities

Disability-Competent Care Coordination

Question	Answer
<p>1. Which of the following is NOT a key element of care coordination?</p> <ul style="list-style-type: none"> a. Develop and maintain a trusting relationship b. Direct communication c. Improve accessibility of provider settings d. Orchestrate necessary arrangements 	<p>c. Improve accessibility of provider settings</p>
<p>2. Which of the following is always at the center of the interdisciplinary care team (IDT) construct?</p> <ul style="list-style-type: none"> a. Care coordinator b. Participant c. Specialists d. Care partners 	<p>b. Participant</p>
<p>3. The lead coordinator on the IDT has what responsibility?</p> <ul style="list-style-type: none"> a. Overall responsibility and accountability for the Individualized Care Plan (ICP) b. Scheduling all appointments for the participant c. Attending all meetings with the participant d. All of the above 	<p>a. Overall responsibility and accountability for the Individualized Care Plan (ICP)</p>
<p>4. True or False: The lead coordinator on the IDT is the key communicator with the participant.</p> <ul style="list-style-type: none"> a. True b. False 	<p>a. True</p>
<p>5. Care partners involved in IDT-related communications are generally:</p> <ul style="list-style-type: none"> a. Primary care providers b. Nurses c. A family or close friend designated by the participant d. All of the above 	<p>c. A family or close friend designated by the participant</p>
<p>6. Communication between the IDT and the participant occurs:</p> <ul style="list-style-type: none"> a. Only at set times b. At regularly scheduled assessments c. When the participant wants/needs to reach out for support d. When providers have information to communicate to the participant e. b, c, & d 	<p>e. b, c, & d</p>
<p>7. Review of the ICP occurs:</p> <ul style="list-style-type: none"> a. Never, this is a fixed document that does not change b. Rarely, when there is a major medical change (e.g., a new diagnosis) c. On an ongoing basis, based on the participant's changing needs or unforeseen barriers 	<p>c. On an ongoing basis, based on the participant's changing needs or unforeseen barriers</p>
<p>8. Customization of services and supports should take into account the participant's:</p> <ul style="list-style-type: none"> a. Care goals b. Level of function c. Environment d. All of the above 	<p>d. All of the above</p>
<p>9. Who is responsible for having and maintaining a health record for each participant?</p> <ul style="list-style-type: none"> a. The IDT b. The individual participant c. The health plan d. None of the above 	<p>a. The IDT</p>

Question	Answer
10. A care transition can involve which of the following? a. Changes in care settings b. Changes in providers of care c. Changes in medications d. Changes in financial situations e. All of the above	e. All of the above

Disability-Competent Long-Term Services and Supports

Question	Answer
1. Long-term services and supports (LTSS) are based on which of the following principles? a. Self-determination b. Person-centered planning c. The provision of adequate and appropriate supports and services d. All of the above	d. All of the above
2. Supports and services may vary depending on: a. The participant's health status b. The availability of natural supports (e.g., volunteers) c. Both a & b d. Services and supports should not vary	c. Both a & b
3. True or False: In addition to paid services, it is important to promote the use of informal networks and community services. a. True b. False	a. True
4. Which of the following is NOT a service that should be available to support participants in their home and community as part of comprehensive LTSS? a. Adult day care b. Primary care services c. Therapy d. Transportation	b. Primary care services
5. Which of these domains are an integral part of LTSS? a. Resources and settings to facilitate inclusion b. Meaningful activity c. Social connectedness and relationships d. All of the above	d. All of the above
6. How can participant needs and appropriate provision of services be identified? a. A functional assessment b. The recommendation of peers c. Through specific medical diagnoses d. None of the above	a. A functional assessment
7. True or False: Home modifications and equipment fall outside the purview of LTSS. a. True b. False	b. False
8. Occupational, physical, and speech therapists may perform the following services: a. Home- and community-based functional assessments b. Participant education c. Training for functional and effective use of equipment d. All of the above	d. All of the above

Question	Answer
9. True or False: The initial participant assessment includes a transportation assessment for physical, communication, and cognitive requirements of the participant's medical, social, and vocational transportation needs. a. True b. False	a. True
10. Care partners in the Disability-Competent Care model are: a. Generally paid b. Family, peers, and community acquaintances c. Assigned by the Interdisciplinary Team d. Both a & c	b. Family, peers, and community acquaintances

Disability-Competent Behavioral Health

Question	Answer
1. People with disabilities are more likely to: a. Experience difficulties or delays in accessing both physical and behavioral health care b. Experience worse outcomes and are less likely to receive the recommended care c. Experience depression and chronic conditions d. All of the above	d. All of the above
2. True or False: Forty percent of enrollees dually eligible for Medicare and Medicaid who are under 65 have a mental health diagnosis. a. True b. False	a. True
3. True or False: Depression and anxiety are only ever secondary conditions. a. True b. False	b. False
4. The Interdisciplinary Team (IDT) should only assess participants for depression and anxiety: a. When the participant requests it b. When a specialist refers them for the assessment c. When a family member or friend recommends it d. All participants should be assessed for depression and anxiety by the IDT	d. All participants should be assessed for depression and anxiety by the IDT
5. When should a mental health professional or specialist be consulted by the IDT? a. There should always be a mental health professional or specialist on the IDT b. The IDT can handle mental health and behavioral health care, specialists are not needed c. When a mental health concern is identified, the IDT should involve a mental health professional or specialist	c. When a mental health concern is identified, the IDT should involve a mental health professional or specialist
6. True or False: Behavioral health challenges need to be incorporated in initial and subsequent assessments. a. True b. False	a. True

Question	Answer
<p>7. When should the provider conduct a screening for substance use?</p> <ul style="list-style-type: none"> a. Never, this is only done by a specialist b. At the initial and subsequent assessments c. Only at the initial assessment d. Only at the request of the participant 	<p>b. At the initial and subsequent assessments</p>
<p>8. When should a participant be referred for specialty addiction treatment?</p> <ul style="list-style-type: none"> a. Following a screening finding of "at risk" b. At the participant's request c. Following a screening finding of "with addiction" d. At a family member's or close friend's request 	<p>c. Following a screening finding of "with addiction"</p>
<p>9. True or False: To begin approaching a participant's substance use concerns, the IDT needs to first understand the participant's perspective, level of acceptance, and recognition of their concern.</p> <ul style="list-style-type: none"> a. True b. False 	<p>a. True</p>
<p>10. The Recovery Model does NOT include which of the following principles:</p> <ul style="list-style-type: none"> a. Person-driven b. Based on respect c. Occurs through multiple pathways d. Dignity of risk 	<p>d. Dignity of risk</p>

Appendix C: Additional RIC Webinars

Preventive Care and Health Screenings for Persons with Disabilities

Question	Answer
<p>1. Compared to people without disabilities, those with disabilities are:</p> <ul style="list-style-type: none"> a. More likely to engage in unhealthy behaviors that put their health at risk b. At a higher risk for poor health outcomes c. Less likely to receive recommended preventive health care services d. All of the above 	d. All of the above
<p>2. Immunization rates among persons with disabilities are well below the targets set by the Centers for Disease Control and Prevention.</p> <ul style="list-style-type: none"> a. True b. False 	a. True
<p>3. Regular health screenings are a crucial component of primary preventive care and include:</p> <ul style="list-style-type: none"> a. Visiting a health specialist b. Sexually transmitted infection screenings c. Daily medications d. None of the above 	b. Sexually transmitted infection screenings
<p>4. Persons with disabilities disproportionately and inequitably experience morbidity and mortality associated with unmet health care needs, compared to persons without disabilities.</p> <ul style="list-style-type: none"> a. True b. False 	a. True
<p>5. If a participant using a wheelchair is unable to use the traditional scale in the provider's office, this screening can be skipped without consequence.</p> <ul style="list-style-type: none"> a. True b. False 	b. False
<p>6. Common secondary medical conditions that persons with disabilities may experience include:</p> <ul style="list-style-type: none"> a. Depression and anxiety b. Pneumonia c. Skin breakdown d. All of the above 	d. All of the above
<p>7. Social determinants of health are conditions that affect health outcomes and do not pose significant barriers to preventive care.</p> <ul style="list-style-type: none"> a. True b. False 	b. False
<p>8. A strong primary care relationship can help participants:</p> <ul style="list-style-type: none"> a. Understand the importance of routine health prevention services and screening b. Develop self-care techniques c. Learn when and how to contact care coordinators d. All of the above 	d. All of the above
<p>9. Partnering with what types of organizations can help providers to improve immunization rates for persons with disabilities?</p> <ul style="list-style-type: none"> a. Local businesses b. Local pharmacies c. Health systems d. None of the above 	b. Local pharmacies

Question	Answer
10. Care managers and care navigators can assist in bringing preventative services to participants. a. True b. False	a. True

Promoting Disability-Competent Care During COVID-19

Question	Answer
1. Which of the following is NOT a core value of the Disability-Competent Care (DCC) model? a. Respect for participant choice and dignity of risk b. Patient-centered c. Elimination of medical and institutional bias d. Participant-centered	b. Patient-centered
2. The DCC model is intended to maintain health, wellness, and life in the community as the _____ chooses. a. Care team b. Caregiver c. Participant d. Provider	c. Participant
3. Proper access to _____ is important for member and home care personnel safety during COVID-19. a. Personal protective equipment (PPE) b. Transportation c. Internet d. Smart devices	a. Personal protective equipment (PPE)
4. What is one strategy health plans can use to address challenges members face in obtaining information about COVID-19? a. Only post information on the plan website b. Use complicated language in resources c. Develop resources in multiple languages d. Share resources with plan staff and providers, but not members	c. Develop resources in multiple languages
5. True or False: Providing smart devices (i.e., tablets, smart phones, or Google chrome devices) to senior members and individuals with disabilities is one way plans can address social isolation and improve access to services. a. True b. False	a. True
6. Which of the following are examples of virtual engagement strategies plans can offer to address social isolation among members during COVID-19? a. Virtual reading clubs b. Zoom events and calls c. Netflix watch parties d. All of the above	d. All of the above

Question	Answer
7. Which of the following is not a strategy used to educate providers on caregiver resources? a. Provide external and internal plan resources to providers b. Post caregiver resources on the plan website c. Assume providers recognize the importance of caring for the caregiver d. Educate providers on long-term services and supports that can support caregivers	c. Assume providers recognize the importance of caring for the caregiver
8. To address challenges with caregiver and care partner availability, care management teams can contact members to ensure their _____ are available and able to provide support in an emergency. a. Care plans b. Emergency backup supports c. Prescriptions d. Friends	b. Emergency backup supports
9. Which of the following is not a strategy used to increase access to services during COVID-19 for individuals with intellectual and developmental disabilities (I/DD)? a. Provide I/DD services in alternative settings (e.g., in a residential or personal home) b. Offer home meal delivery as a paid benefit c. Deliver home and community-based services in an inpatient hospital setting d. Receive unpaid supports from family members	d. Receive unpaid supports from family members
10. Providing education and support for using different technology platforms is one way plans can improve access to which of the following? a. In-person services b. Transportation c. Telehealth d. PPE	c. Telehealth

Supporting The Preventive Health Care Needs Of Dually Eligible Women With Disability

Note: Two assessments are available for this webinar. The first focuses on content for social workers, while the second provides questions that may be more suitable to nurses.

ASSESSMENT 1:

Question	Answer
1. Which of the following is not a barrier to preventive screenings? a. Lack of transportation b. Long wait times at clinics c. Availability of specialty providers d. Difficulty in scheduling appointment	c. Availability of specialty providers
2. Women of childbearing age with disabilities are more likely to report which of the following? a. Asthma b. Smoking c. Diabetes d. All of the above	d. All of the above

Question	Answer
<p>3. Which of the following is an example of a specific health consideration for women with disabilities?</p> <ul style="list-style-type: none"> a. Spinal cord injuries b. Menstruation c. Nausea d. Indigestion 	<p>a. Spinal cord injuries</p>
<p>4. True or False: Women with I/DD have higher risk for pregnancy complications and poor birth outcomes than women without disabilities.</p> <ul style="list-style-type: none"> a. True b. False 	<p>a. True</p>
<p>5. Which of the following is not an example of how clinics can address barriers to health care for women with disabilities?</p> <ul style="list-style-type: none"> a. Offer handicap parking spaces at the clinic location b. Ensure check-in desk is low enough for individuals using wheelchairs to communicate with staff c. Assume language interpretation, including American Sign Language, is not needed d. Train staff on types of transfer and equipment needed based on patient needs 	<p>c. Assume language interpretation, including American Sign Language, is not needed</p>
<p>6. It is important for office staff to understand the _____ and past experiences relating to each woman with a disability.</p> <ul style="list-style-type: none"> a. Specific needs b. Medical model c. Nutritional preferences d. Personal protective equipment 	<p>a. Specific needs</p>
<p>7. Which type of training could support plan staff and care teams in delivering more integrated and person-centered care?</p> <ul style="list-style-type: none"> a. Customer service b. Emergency preparedness c. Trauma-informed care d. Telehealth 	<p>c. Trauma-informed care</p>
<p>8. _____ facemasks are helpful for staff to use when working with women with disabilities.</p> <ul style="list-style-type: none"> a. Decorated b. Clear c. Mesh d. Patterned 	<p>b. Clear</p>
<p>9. Which of the following steps should providers not use when a pelvic exam is indicated?</p> <ul style="list-style-type: none"> a. Communicate actions clearly b. Provide a gentle exam c. Use proper instruments for maximal comfort d. Do not ask for feedback 	<p>d. Do not ask for feedback</p>
<p>10. One strategy for clinics to improve physical accessibility for women with disabilities dually eligible for Medicare and Medicaid could be to install _____.</p> <ul style="list-style-type: none"> a. An intercom system b. Wheelchair accessible diaper changing stations in bathrooms c. Paintings in clinic rooms d. Surveillance cameras in waiting rooms 	<p>b. Wheelchair accessible diaper changing stations in bathrooms</p>

ASSESSMENT 2:

Question	Answer
<p>1. Which of the following is not a barrier to preventive screenings?</p> <ul style="list-style-type: none"> a. Lack of transportation b. Long wait times at clinics c. Availability of specialty providers d. Difficulty in scheduling appointment 	<p>c. Availability of specialty providers</p>
<p>2. Women of childbearing age with disabilities are more likely to report which of the following?</p> <ul style="list-style-type: none"> a. Asthma b. Smoking c. Diabetes d. All of the above 	<p>d. All of the above</p>
<p>3. Which of the following is an example of a specific health consideration for women with disabilities?</p> <ul style="list-style-type: none"> a. Spinal cord injuries b. Menstruation c. Nausea d. Indigestion 	<p>a. Spinal cord injuries</p>
<p>4. Women with I/DD have _____ for pregnancy complications and poor birth outcomes compared to women without disabilities.</p> <ul style="list-style-type: none"> a. Higher risk b. Equal risk c. Lower risk d. Zero risk 	<p>a. Higher risk</p>
<p>5. Which of the following is not an example of how clinics can address barriers to health care for women with disabilities?</p> <ul style="list-style-type: none"> a. Offer handicap parking spaces at the clinic location b. Ensure check-in desk is low enough for individuals using wheelchairs to communicate with staff c. Assume language interpretation, including American Sign Language, is not needed d. Train staff on types of transfer and equipment needed based on patient needs 	<p>c. Assume language interpretation, including American Sign Language, is not needed</p>
<p>6. It is important for office staff to understand the _____ and past experiences relating to each woman with a disability.</p> <ul style="list-style-type: none"> a. Specific needs b. Medical model c. Nutritional preferences d. Personal protective equipment 	<p>a. Specific needs</p>
<p>7. Which type of training could support plan staff and care teams in delivering more integrated and person-centered care?</p> <ul style="list-style-type: none"> a. Customer service b. Emergency preparedness c. Trauma-informed care d. Telehealth 	<p>c. Trauma-informed care</p>

Question	Answer
8. _____ facemasks are helpful for staff to use when working with women with disability. a. Decorated b. Clear c. Mesh d. Patterned	b. Clear
9. Which of the following steps should providers not use when a pelvic exam is indicated? a. Communicate actions clearly b. Provide a gentle exam c. Use proper instruments for maximal comfort d. Do not ask for feedback	d. Do not ask for feedback
10. One strategy for clinics to improve physical accessibility for women with disabilities dually eligible for Medicare and Medicaid could be to install _____. a. An intercom system b. Wheelchair accessible diaper changing stations in bathrooms c. Paintings in clinic rooms d. Surveillance cameras in waiting rooms	b. Wheelchair accessible diaper changing stations in bathrooms

Strategies For Improving Care Coordination For Individuals With Intellectual And Developmental Disabilities (I/DD) Webinar

Question	Answer
1. Which of the following is not one of the challenges specific to individuals with disabilities? a. Lower emergency department admissions b. Receiving less preventive care c. Higher likelihood of experiencing of adverse drug events d. Higher incidence of chronic conditions	a. Lower emergency department admissions
2. Individuals with I/DD often experience which of the following? a. Unwanted side effects due to multiple medications b. Minimal chronic conditions c. Regular health screenings d. Excellent access to care	a. Unwanted side effects due to multiple medications
3. Which of the following strategies can be used to improve gaps in care for individuals with I/DD? a. More complex medical regimens b. More workforce training on the needs of the I/DD population c. Less use of advanced directives among the I/DD population d. More referrals to the emergency department	b. More workforce training on the needs of the I/DD population
4. What does the Systemic, Therapeutic, Assessment, Resources, and Treatment (START) Model primarily focus on? a. Segregated mental health care b. Community linkages and capacity building across the system of care c. Polypharmacy prevention d. Nursing home admissions	b. Community linkages and capacity building across the system of care

Question	Answer
5. Which of the following is not a primary START service element? a. Policy Advocacy b. 24-Hour Crisis Response c. Training and Consultation d. Therapeutic Resources & Services	a. Policy Advocacy
6. What are the 3 As of effectiveness? a. Access, appropriateness, aerobic activity b. Appropriateness, accountability, accident prevention c. Access, appropriateness, accountability d. Access, accountability, accident prevention	c. Access, appropriateness, accountability
7. Which of the following is not one of Partners Health Plan (PHP)'s care management focus areas? a. Hospital and Skilled Nursing Facility Management b. Outpatient Comprehensive Care Management c. Medication Management d. Childcare Management	d. Childcare Management
8. Which of the following is a key element of providing comprehensive care management services to individuals with I/DD? a. Assignment of a care coordination team with distinct, collaborative roles b. Dynamic risk stratification c. Medication reconciliation d. All of the above	d. All of the above
9. When PHP partnered with StationMD to run a telemedicine pilot with residential facilities, what was their reported finding? a. A reduction in emergency room (ER) transfers b. An increase in ER transfers c. No difference in ER transfers d. An increase in I/DD diagnoses	a. A reduction in emergency room (ER) transfers
10. Which of the following is not an outcome of the START model? a. Increased mental health stability b. Decreased use of and diversion from emergency services c. Increased satisfaction with quality of care d. Increased use of emergency services	d. Increased use of emergency services