




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							■	

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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.

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>
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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