>> Mary: Good morning and thank you for joining the DBMD quarterly webinar. This is Wednesday, September 26th. My name is Mary Valente and I will be your web administrator today. Before we get started I have a few housekeeping items for you. The webinar interphase is made up of two parts. There is the viewer window on the left of your screen which allows you to see everything the presenters will share or their screen. On the right of your screen is the webinar control panel. By clicking the ar on the in the orange tab you can open and close your control panel. By default you joined the webinar, using microphone and speaks. If you prefer you can join by using your phone by selecting the telephone radio panel. The dial in information including an audio pin will be displayed. As a reminder all attendees are on mute. During the presentation you can send questions through the question bank by typing your question and clicking send. Due to limited time, questions will be saved for the Q and A session at the end. We sent the PowerPoint handout to those who are wedge certified by yesterday afternoon. If you do not receive that e-mail you can get a copy from the bottom of control panel. Look for the option called handout. In addition to the PowerPoint handout, there is a link for those who would like to use the closed captioning option which is located in the chat box. You can copy and paste the link into your browser and this will bring up the closed captioning screen and we will begin streaming the closed captioning transcript. If you have difficulty accessing the screen, close and reopen your browser and start with a new screen. I will now pass the webinar over to Jackie Gantt. Jackie, go ahead.

>> Jackie: Hi, this is Jackie Gantt. I am the policy specialist with the DBMD deafblind with multiple disabilities program. Welcome to our quarterly webinar. We have today DBMD program updates. Some information about the iCanConnect national deafblind distribution program. We have Molly Sinanan from the Helen Keller National Center. And we will be talking about the Helen Keller National Center registry for people who are deafblind across the United States. And then we will have an opportunity for questions and closing comments. And of course as you are listening to the webinar, feel free to go ahead and type questions in and we will answer them as they come up and we will also have time at the end. We don't anticipate this webinar going all the way until noon so we will probably be closing down around 11:00, 11:30.
So I will go ahead and turn it over to Molly and she will have a few slides on iCanConnect and the registry. Adjusting the phone.

>> Molly: Hi, everyone. My name is Molly Sinanan. I am the region six representative from the Helen Keller National Center. And some of you are probably wondering why the Helen Keller National Center rep is presenting on iCanConnect. When the program was first being developed about seven years ago, a lot of the agencies in Texas were trying to figure out who would actually host the program. And a lot of the agencies just weren't able to do it. They came together at the deafblind task force meeting that is quarterly and decided that they wanted Perkins school for the blind who partners with us, Helen Keller National Center to actually run the program here in Texas and that is how I got involved.

Here is a picture of a young lady, a consumer of the iCanConnect program. And she is on a computer and I believe she is talking to a little boy on the other side. I don't know, they might be using Skype or zoom. I am not sure what programs they are using. But this kind of pictures everything what the program is about. It is about getting individuals who are deafblind integrated and helping them learn to socialize and helping them have that opportunity that so often that they are missing in their everyday lives.

So I want to give you a little background about the iCanConnect program. You may have heard it called the national deafblind equipment distribution program. That is what the FCC calls it. We call it iCanConnect here. It is the 21st century communication and Video Accessibility Act. It was signed into law in 2010 and it is administered by the federal communication commission and it started as a pilot program and it was supposed to only been a pilot program for three years but it got extended to five years. It only became a permanent program last year, July 1st.

So let's talk about the program. What is the iCanConnect program? It is a program that provides free equipment and training to income-eligible individuals who also have a significant vision and hearing loss. I will go into more detail about that in a little bit. The purpose of this program is to enhance social interaction, reduce isolation, and promote increased independence for individuals who are deafblind.

Who is eligible? Anyone in the United States, Puerto Rico and the U.S. Virgin Islands. The individual has the meet the federal income guidelines, which I will go over in just a minute. And the individual has to have a significant combined vision and hearing impairment. And I will also go over that.
So let's talk about the vision and hearing loss. The iCanConnect program uses a definition that is based on the Helen Keller National Center act. You can actually Google HKNC ACT. And it will pull a very lengthy definition. And it gets a little confusing.

So basically we have summarized it to be that if a person has significant hearing and vision loss and because of that vision -- that combined loss, they have a difficult time in attaining independence in their daily activities, they are considered deafblind. And they would be eligible for this program. Will is a required attestation that needs to be provided by a professional. And the professional has to know the individual who is deafblind and know how their vision and hearing loss affects them in an everyday environment. Does it have to be somebody in deafblind? Somebody part of the outreach children's program? But I have a list here of just some names. This is not the only individuals that can provide attestation. I will mention in a minute Gay Bellamy and tell her about her information. She processes the information for iCanConnect and she can be more help with that. But on our application, there is actually a long list of individuals who professionals that can prove and give attestation for the deafblind.

The audiologist, community-based service provider, an educator, a hearing professional, an HKNC representative. A medical and health professional. Someone from the School for the Deaf, the school for the blind. A specialist in deafblindness. A speech pathologist. A state equipment assistive technology program. A vision professional. And a voc rehab counselor, just to name a few.

So once someone has someone to say, you know, yes, this individual is deafblind, you have to also meet the income regulations, which is your household income has to be less than 400 percent of the federal poverty rate or you just qualify for a low assistance program. I have it on the next slide. A chart that basically gives the numbers for 2018 per household. So I will come to that in just a minute.

The third thing that makes a person eligible is that person has to be able to use the device. We have to know that the person is going to use it. We can't buy it for our person's house, for the family computer. We are not able to do that. So yes, the person has to be able to use it for two way communication.

And this is also available on the application. It is just a chart and it has the number of individuals in a household on the left-hand side. And then the first or the second aisle, whatever you call it. What is that called? Column.
The second column has the figures for anyone in America outside of Alaska and Hawaii, what the numbers would be. The income for the household. These numbers of course they change next year and they will be higher. So every year it changes. And they have -- if you are ever wondering what the new numbers are for that year, you can actually go on the website, www.iCanConnect.org. Spelled out iCanConnect and you can go into the part where it says eligibility and find Texas. There is a drop down menu for Texas. Go into Texas and there are lots of applications. They are available in English and regular print and then large print and also in Spanish and regular print and in large print. That also has the chart for the income.

We get asked this a lot, are young children eligible? Absolutely. They are eligible for the program and there is not a cap on age. When this program was a pilot program, anyone it says on here under three but I believe it was under four. We would have to check with the FCC to get permission. That is not the case anymore. And this is important. I have a two year old son and he is using Facetime and all kinds of equipment for distance communication. We know it is possible for younger children to use electronics for distance communication. We just have to know that the individual can use it.

So they have to show they can use the two ways distance communication. And the only thing is that we can't provide equipment for language development.

So if a person, if a young child maybe does not have a formal language, in the past what we have call in Linda Alsop from the Utah state university, the director of the deafblind at Sky High institute. And we have Skyped her in with an assessment with a child maybe if they have alternative modality that they use. So that she can do an assessment. But in those cases, where it is not very clear-cut, we ask that you have a professional also available that works with the child.

Maybe a speech pathologist. But just someone, a teacher. Someone who knows the child's communication that can say, okay, okay, this is their communication. This is what they are using. So we can really get a good assessment. It is very individualized to meet the students' needs.

If a child doesn't have formal language and they are able to show expressions, let's say a young boy has a sister who goes off to college and the -- sister that goes off to college, maybe the sister calls in on Facetime and he can't say hey, how are you? He can smile and gesture and look at his sister and has that sense of, you know, socialization. That is okay. That qualifies.
So how does the iCanConnect program work? What is the procedure? So right now this is considered our outreach. You hear about the program. You can go online to download our application and I told you how to do that but I will go through it again. I think if you go to www.iCanConnect.org and it is the second tab that says to apply, you click in that and go to the drop down menu and find Texas. Select Texas and then on the right-hand side you will see a bunch of applications you can download. Fill that out. You will need to get that attestation and the identification or the proof of low income to meet the income eligible. Your contact is Gay Bellamy.

And her phone number is (210)929-1335. And her e-mail is iCanConnect, all lower case, I guess it doesn't matter. One word. iCanConnect@mrmsat.org and you can contact her for any questions. She knows this backwards and forward.

So Gay works closely with Perkins in Boston to get everything pushed through and once everything is turned in, Perkins allows the person to become active in our database. And then I get a notification here in Austin, Texas. And we have right now about 11 individuals that are trainers throughout the State of Texas and we are always looking to add, if you know anything, especially in El Paso, Amarillo, we have someone until pretty much all the other areas put if you know of anybody, please contact me. That would be wonderful. And I find out what mode of information they use. If I wanted if we need to set up an interpreter, if we need the contact Linda and I set them up with a trainer. The trainer contacts the consumer. And goes and sets up a date to go to their home to do an assessment. They want to look at what equipment you are using for distance communication, what is working, what is not working. Maybe get some ideas of some equipment that you have used in the past.

So they will do a very thorough assessment. Once they the consumer and trainer decide on what equipment might be best, the trainer sends the information to Perkins and Perkins looks through it and decides to justify, either approve or deny the equipment request. And then the equipment is purchased and the equipment goes trait to the trainer. We have learned we need to send it to the trainer to make sure load the equipment. Make sure the equipment is running right, get rid of any malware or anything like that. We have figured out through painful situation that is the equipment needs to be sent to the trainer and that the trainer actually delivers it to the consumer and they do installation in the home.

After that, it is between the trainer and the consumer to decide on dates for training. It can be nights, weekend. It really is up their schedule and it is
kind of separate from me and from me and Perkins. The programs are kind of run -- FCC gives some leeway on how the programs are run in different state and in the State of Texas once you receive equipment, it is your equipment. It is not borrowed equipment. So this equipment is yours. And you are able to use that equipment. Now, that being said, you can't sell the equipment. You can't -- we have to know that you are actually using it. But let's say you are using it and it is not working for you. Your case is never closed with iCanConnect. We do close cases technically on the database. But at any time someone and this happens that they contact us to say something is not working or hey, this isn't working for me anymore. I thought it would be successful and it has been two years and I am struggling with this. Can we explore a different option? That is an option. So we are really -- it is always individualized and case by case. It is typically me and the trainer and Perkins staff on e-mails, group e-mails trying to figure out what does the person need? And at times the consumer is on the e-mail to tell us what they are really looking for so we can find the best option.

And it is important to also note that this program is not meant to supplant existing programs. I think it is called the STAP program or another program that provides equipment that can do what you need to it do, then you can go -- you need to go through them first technically. If a kid is in school, we can't provide equipment in a school setting. However, that being said, let's say a young child is using a computer in school and the teacher and the child has worked on how to use a computer for distance communication and the child is very successful at it, we can actually purchase a computer for the home. We can kind of copy what they have, what they are using that is successful in the school and purchase it for the home.

That is where that program kind of ends. It ends in the school. Can't go to the home so that is where we pick up.

Who can benefit? Here are a few examples. I was thinking about some here in Texas that I have seen and heard and one would be if a child is going to TSD or TSBVI during the week and they go home on the weekend. They are lonely and missing their family. We can help set up something in the dormitory so they can communicate with their parents. We have also had individuals here that maybe they don't need a phone or a computer for their job but they need a phone, excuse me, when they are leaving work because they need to contact someone to say, hey, come pick me up or hey, I will work a little longer today. Especially with any kind of paratransit or someone picking them up door to door, need to be able to communicate with this is various agencies.
And this is a young man. This PowerPoint is a little old so he is probably in college now. I don't know. Nolan Beavers and he talked about what is success -- we have a lot of success on our websites. This young man met a bunch of friend like a bunch of us do when we are young. Meant them as a CHARGE conference and he has been able to stay in touch on Facebook and sends them pictures and messages. That is what this program is about. It is integrating. It is socializing, helping with the socialization for deafblind individuals.

We get asked all the time, what equipment is available? And I am first going to direct you back to the website, again, www.iCanConnect.org and I believe it is the third tab at the top that lists all the equipment and you can hit that tab and you will have so much equipment listed. That is categorized. And so that is all the equipment that we have given out. That is not -- it doesn't end there. If someone says, hey, I have heard about this other piece of equipment, we might able to purchase it. If we can justify that it is used for distance communication it is the best option for this individual. Some of the trainers will get new equipment on the market to demo. So that they can kind of know what to expect, what is coming down the pike. So it is not -- this is not a static list. It is ever evolving. TTYs have been taken off the list and nobody use them anymore or very few people use them and we didn't get any request for them.

These are items that are typically -- we typically purchase. Computers, whether it be desktops, laptops, maybe a person needs a large monitor. And here in Texas, too, one of the things we kind of go by and this again is not in every single state. But we kind of see it as a person that may need something in their home, like a larger Braille display but they can't take at this time. It is not portable. We are able, if a person is very mobile and they have maybe activities in the community that they do where they go to work, we do have the ability to get something for the home and something for the community.

But we have to know for sure that they will use it, the individual will use it in the home and in the community. So when I say computers, maybe it is best a person gets a desktop with a large screen but they might need something in the community. I have to get one thing and have to be able to use it at home and the community, no, again it is individualized and it is a discussion with the trainer of what you need. Mobile devices are another big one. Cell phones, smartphones and tablets. Tablets are on here but you have to show you will be using it for distance communication. It can't be to read a book. I have had people say I want the use it for a business or use a laptop for
school. Those are things we cannot purchase. Those are things we are not supposed to -- we are not taking over VR's responsibility. That is voc rehab. It is their responsibility when it comes to work and school. If a person needs it for distance communication outside of school, or outside of work, we are able to provide that equipment.

What additional equipment is available? There is also land line phones. Amplified speakers. Cordless phones. Other related devices. Signalers, via flashing light or vibrating signaler. Software. Screen readers. Jaws. All the different software what is out there. And magnifier program, zoom text, things of that sort.

We get asked a lot about Braille devices. And again, this is something there are so many Braille devices out there these days. But again, you have got small devices, you have got large devices. But again, a person has to be proficient with Braille for us to be able to purchase a Braille device for them. If they are just learning, again, the trainer may have to kind of test their skills at it at using one. Bring their demo equipment. But we cannot provide Braille training and we didn't give it to someone that is showing proficiency in using that piece of equipment.

And that goes also with ASL. There are -- there is a program that is called my MMX and that program is for sign language users to use a video phone and they are able to receive Brailled typing back, like the interpreter, they can sign to the interpreter and the interpreter will type back. You have to be proficient on that item.

Augmentative and alternative communication devices. We do get asked about this from time to time.

And again, this goes back to is a person already using the device and do they have proficiency with that device? We have been asked some of the things we have been asked about is the app Pro to go. The captioner will know how to spell that. Pro Li To Go. The Dynavox has been asked about. And in Texas we have actually not been able to purchase this equipment. We are open to it but it has to be that the person is using it for distance communication and they have to have some proficiency with it. We are not -- we can't purchase it for language development. And in every case when it comes to augmentative communication devices we have to contact the FCC we had a gentleman recently -- not recently, two or three years ago who contacted us. And he uses a sip and puff to navigate his screen. So we had though talk to the FCC about that. And they are obviously going to approve
that because he needs to use that to be able to send e-mails. But again, we needed to contact the FCC in that situation.

Other equipment, CCTV and hand-held magnifiers. This has been a hot topic because it has been so difficult for a lot of individuals to get CCTVs. The only way that these items can be purchased is if they are being used for distance communication. So if a person has a cell phone and they are not able to read their cell phone and need a hand-held magnifier to read the cell phone in that case we could justify it if the person is using their CCTV to read mail or to pay bills or anything like that, unfortunately, our read a magazine or newspaper, we are not able to purchase it for that purpose. They used for that purpose if you justify it is being used as distance communication as a primary use.

And again, every state program must justify obtaining the FCC has to give pre approval for this item.

So short and sweet. You have my contact information or actually I will be giving you my contact information in just a bit. I gave you Gay’s information. The website. All of this information can be found. This 1-800 connects to you Perkins and Marsha Brooks is the director here in Texas and believe you can find her information also on the website. If not, you can contact me or Gay and we can give you her information.

I will shift hats. I will take questions on just a bit on that if we have time. I don't know how much time I have.

But I just want to shift gears and talk about our national registry. It is mandated by the federal government. And it is a register of persons who are deafblind throughout the United States and there is -- some of you know about a children's account that is kept by the children's outreach. This is separate from that. If your child has signed up with that, the children's count, I can't remember what it is called. Don't assume that they also part of the Helen Keller national registry. This registry is important for a multitude of reasons. Possibly the biggest reason is that it helps justify funding for various programs. One of those programs being iCanConnect. Also it helps with Helen Keller National Center funding. It helps with SSP funding. I get calls from state programs all the time wanting to know how many individuals -- in fact here in Texas I was contacted to find out how many individual are in Texas. Do we have registered? So they can use that number to justify funding and SSP program. I had calls from Oklahoma. So it is really helpful. The closest, as many numbers as we can get it and as
many individual we can have identified on that registry really benefits deafblindness across the country.

All right. And so last but not least, here is my contact information. Molly Sinanan. My e-mail is Molly.Sinanan@hknc.org. Here is my voice phone number. VP stands for video phone. And I have a video phone in my office. Purple VRS is a video phone but I probably wouldn't use it. I don't use it very often. So your best bet is to get the video phone if you are a sign language user.

>> Jackie: Thank you so much. Do we have any questions for Molly? Okay. Think about Molly's presentation. This will be cool for people receiving DBMD program services and let us know if you have any questions about that. Because I mean, you described a perfect scenario of somebody using an iPad and gestures to communicate with somebody in their family. So be thinking about that. Let us know if you have more questions about it. I am going to go ahead with our DBMD program updates.

We had a couple of slides in our last DBMD webinar about the critical incident tracking that we will be doing to be in compliance with center for Medicaid and Medicare's home and community-based settings requirements coming up.

And additional information they are requesting of us to be sure that our individuals are safe and that we are ensuring follow-up is happening at the individual level.

And so we just wanted to go ahead and show you these slides again. We had originally wanted our effective date for these critical incidents to be September 1st but due to the approval process and just things getting hung up in our processes, we haven't been able to get that information letter out. The form is live and I will show you that link here in just a minute that you can start reporting them now. We will take them. That would be great for data purposes and would get us ahead of the game if you would please do that. But we wanted to show you that the categories for the critical incidents are choking, criminal conduct, elopement, missing individual, an emergency room visit due to illness or injury, emergency situations, various types of restraint, some kind of physical altercation, a medication error, and so sometimes you may have questions about what is the appropriate thing to do perhaps if something happens and pts not on your watch. Maybe an incident happens and your provider agency has nothing to do with that incident and you think, well, use your best judgment. If you think it is something that should still be reported, let us know. But if maybe say for
instance on Saturday you found out that one of your individuals went to the emergency room for, I don't know, a cold or a flu or something like that and they were treated there and by Monday they were fine and your provider agency didn't have to deal with it at all, we are fine with you not reporting that. But if it is something that you guys end up having to provide some follow-up on, you know, we would definitely want to know about that.

Here is some additional categories. Theft or property damage, use your best judgment about that. Always call 911 if it becomes an issue that, you know, criminal, please. Any other incidents or events that involve harm or risk. And then here is the link for the form. Go ahead and check it out. Get used to how it works. You can report multiple incidents for the same person on one form. So maybe set a date each month where you are going to report all the critical incidents for people in your program or you could do it as they come up. I think once you get the flow of the form, you will be able to develop a process for your agency to be able to do that.

The critical incidents must be reported to HHSC by the last calendar of the following month, based on your date of awareness. If something happened today, you would have until October 31st to report it on the form.

And then I also went ahead and just kept this slide in because we had some folks sign up for the webinar that may be new HHSC staff or didn't attend the last webinar and we want to make sure and get the word out that anybody can -- anybody in DBMD, any person who is deafblind that can benefit from an intervener can benefit from the highest trained, most highly qualified intervener they can find. And again, if you can find somebody out there who meets the criteria for intervener II or III to work with an individual in your program or a loved one, we support that and you don't have to say, oh, this person has such basic communication that we are just going to give them a base level intervener. That is not how it works at all. We want people to get the most qualified interveners working with them because that allows that person to express themselves more fully, be understood, participate in community more.

Interveners can work with families in their home, in the community. Lauren and I have been looking at the intervener qualification criteria and we are hoping to get some changes going forward to allow interveners to climb the career ladder. Maybe not easier but with alternative ways to go about doing that. So stay tuned. We are working on that diligently. And if you have questions, here is our DBMD policy mail box that you can e-mail and we will be happy to discuss individual cases with anybody.
This is just a little heads up. We are going to have some additional information on the electronic visit verification CURES act in our next in person training and in our future webinar in December. But electronic visit verification will be required for all personal care services offered through Medicaid starting in January 2020. Previous to now, we did not have that in DBMD but we are going to have to start preparing for it and HHSC is looking for DBMD providers to participate in a CURES Act soft launch. It would be good to participate because you will have sort of a leg up on how this is all going to work for you and your agency when the time comes and it won't be such a shock. There is going to be some different equipment that is going to be explored. And then there is also, in case any of you guys are CLASS providers, although CLASS has been using EVV, the soft launch will have some new procedures and again maybe some different equipment that CLASS providers haven't been using before that will be really good for them to assess and then also it is good because if you are already doing it and you can compare it with the new way, you can kind of give some really valuable feedback about what that will be like.

And for DBMD providers, it will really be good because I think we have some service providers out there who is deaf and it would be interesting to see how all of this is going to work out in the long run. And we can be prepared ahead of time and resolve any issues or glitches before it is a true requirement.

So here is some more information. Like I said, we are going to have more -- we will have an in-person session for our next DBMD training. And also in our December webinar. And then here is our website that we will give you more details about the CURES Act.

Okay. So the DBMD computer based training has been around a long time. But the links were all messed up after we went from DADS to HHSC. So it is a great tool. It goes through enrollment, renewal, revisions, pretty much anything that can happen to somebody in their plan year, it tells you how to do it. And it gives you the appropriate links to the form and all of the links have been updated. So it can be printed up. You can take it with you when you meet with people, in case you are wondering which forms you need to work on and how to fill them out. It is also a really nice thing to do if you have a new case manager, new nurse, anybody involved in developing the plan can really gain a lot of information from this and at least, you know, before they attend provider training can at least have some sense of what they need to do to do their job. And you know, to not get into too much trouble with being unsure about how to proceed with a case if you get a new
enrollment or transfer or something like that. So I just wanted to make everybody aware that this is the link where you can find the computer based training. And all of the links are updated. So it should be good to go.

I have a little thing to add on that. Soon the training will be required any way. Also we had hoped to get information letter out but it is looking like it will just be our rule post which will be April 2019. So at the latest, it will be required for case managers and program directors to take the training by then anyway. So you might as well take it now and get that out of the way. It will be an annual requirement. The other piece is that you can also skip around within the training. If you just want a refresher on how to do say certain thing, how to do a revision packet, or you just need a refresher on a renewal packet, you can go and take that part of the training. You don't have to take the whole thing. Sometimes that is helpful.

And this is a slide from consumer directed services, they decided they wouldn't present during this webinar but wanted everyone to be aware that they have a really great video out there that you can watch that explains the consumer directed services option. Here is the link. You can watch it on our website and there is also a YouTube posting for it. So I just wanted to put that out there. The consumer directed services team will present at our next webinar. And at our next DBMD provider training.

And so we are just going to wrap up now. Please let us know if you have any questions. I don't know if any have come in. Okay. Hold on. I am going to go ahead and wrap this up. Okay. Yeah. So if you have questions or if you think of something later that you want answered, you can e-mail us and it seems like somebody has a question for Molly. Molly, if you would read the question and --

>> Molly: This is Molly. How can we find out if someone is on the HKNC registry so we don't register them twice? You can't because it is in our database. If you have the same name, we will know that someone has entered a name twice. But what you can do is call me. You can e-mail me. Call me. (516)393-7997 and I can check.

And then the other thing you can do is go to Helen Keller.org and you choose the tab for HKNC and then if you scroll down at the very bottom you will see the registry. You will see something about the registry and you can fill it out right there. There it will not tell you if you have already filled out the registry but I will get that registry. It is only like one page. It is really short and sweet and then it goes to me and then again I will be able to check my database to see if someone has already been entered.
All right. This is Lauren. We have got a question if you take the DBMD training now you will it count after the requirement is announced? Yes. It will be an annual requirement. If you take it now you would then have to take it again a year from now. If you waited until the requirement you would have a year from April or whenever.

And you can take it as many times as you want.

You will get a certificate and keep that certificate in the employee file.

>> Jackie: Okay. We are going to put you guys on mute for just a second and see if anymore questions roll in. We still have plenty of time. So feel free to ask.

>> Jackie: We just had another question for the effective date for the incident form reporting. We really wanted to it go into effect September 1st. But that didn't happen. You can start using the form now and I recommend you do that so you can start getting used to it and we can start understanding what that information is looking like and how to respond to it really.

But we are hoping for October 1st. You will be -- if you are on the GovDelivery system which you need to be if you are a DBMD provider, you will be getting a GovDelivery which would be an information letter stating the effective date.

Like Lauren was saying, the rules will be effective April 2019. But we really are hoping to implement the critical incidents much before that. October, November at the latest.

>> Lauren: Yeah. We are very close to having the information letter ready and the provider manual, appendices that discuss the exact details about what incidents report. And some of you might have had a chance the review it when we posted it on the website for feedback. So just been going through the feedback and now we are doing our final routing and getting everyone's approval. We are really hopeful that it will be soon.

>> One thing I realized I did not include in my slides and I really meant to. We have our next DBMD training in person. It is from October the 23rd until October 26th. So the 23rd and 24th are reserved for case managers, program directors, nurses. And really I would say anybody involved in working in the person-centered planning process and developing the individual plan of care. And it is from 8:30 to 4:30 each day. And then the 25th and 26th is the part that David Wiley from Texas School for the Blind, deafblind outreach teaches and that is the service provider training. But
really we recommend it for everybody involved in the DBMD program. People working with individuals who are deafblind even if you are just doing the case management portion or just, you know, writing up a nursing assessment once a year. We really feel like that is a valuable training. And feature thing that we are planning with David and his team is that the Texas School for the Blind, the outreach team has a grant through the U.S. Department of Education. And we are partnering with them to offer more of the service provider training around the state. So we are hoping to add 6 to 8 additional two-day trainings around the state. We will be contacting providers to find out, you know, what is your ability to conduct and host a training? Do you have access to a facility where that can be done? Usually David likes to have at least eight or ten people in a class to make the travel worth it for the grant that they have.

And so if you have ideas or if you are really motivated to have David come to your part of the state, let us know. And what we would like to do is possibly have agencies that are located in proximity to each other. So say for instance if Houston has David down there for a couple of days, we would like to be able to invite DBMD providers and maybe they have providers who are working with people who are in DBMD, things like that, to all be able to partner and come to the same place at the same time. And that is also a great local networking opportunity. So many of our deafblind DBMD providers don't know each other and it is just a really great way to build a sense of community so you don't feel like you are out there by yourself trying to run this kind of complicated program.

So any way, there is that. And then also we are going to be building in an in-person component into that service is what we are hoping to do. Where David would go out, do an in-person visit and work with a person who is deafblind and the staff who support that person. That will probably be on a much more limited basis. But start thinking about if you have somebody in your program that you are thinking, you know, we are really struggling with this person, we could use some help, let us know and we can pass David on that information and he can get in touch with you about scheduling a visit.

>>Lauren: the only other thing would I add for the training. Don't think it needs to be limited to just those people that are required to have that training. Or even if you have met the requirement through a train the trainer kind of model. I know for myself when I went through David's training it was very eye openings and I was like, oh, my gosh I wish I would have known this stuff from the beginning. Not any -- anything bad on any other training but David is very, very good and it is a really important
training. So yeah, we recommend to anybody who is available to go to the training should go.

>> Jackie: Hold on one second. We will mute and see if any other questions come in......

>> Jackie: Okay. We have given you guys a few seconds. It seems like that is the end of the questions. But feel free to e-mail the DBMD policy mailbox any time. And we will try to get good answers to your questions. And thank you for joining us. By the way, our next DBMD webinar is going to be on December the seventh from 10:00 until 12:00. We have a great topic that day. It is going to be trauma informed care with an emphasis on deafblindness. So we have a couple of guest speakers. One of them is David Wiley and the other is Nova Evans and she is a behavioral specialist. I hope you guys will join us for that and hopefully we will have lots of other fun topics for you.

>> Camryn: We have more questions.

>> Jackie: Oh, we have more questions.

>> Camryn: I think a couple of people.

>> Jackie: We had a few more questions but we will answer you directly because I have a feeling that several people have dropped off the webinar by now. We will just go ahead and respond to those questions individually. Thank you very much. Bye-bye.

[End of webinar.]