

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SENIOR AND DISABILITIES SERVICES  
  
INCLUSIVE COMMUNITY CHOICES COUNCIL**

**Meeting Minutes  
Thursday, May 18, 2017**

**Council Members:**

Art Delaune  
Banarsi Lal  
Alavini Lata, not present  
Karli Lopez  
Ken Helander, not present  
Sara Kveum  
Paul Cornils  
Patricia Branson, not present  
Cindy Shults, not present  
Margaret Evans

**Facilitators:**

Maureen Harwood, SDS  
Deb Etheridge, SDS  
Duane Mayes, SDS  
Steve Lutzky, HCBS Strategies

**Guests:**

Andrew Cieslinski, HCBS Strategies	Jenny Murray, SDS
Amanda Lofgren, AMHTA	Kara Thrasher-Livingston, SDS
Denise Daniello, ACoA	Lynne Keilman-Cruz, SDS
Patrick Reinhart, GCDSE	Cheri Herman, SDS
Ulf Peterson, SDS	John Estes, REACH
Jetta Whittaker, SDS	Niamh Dardis, REACH
Martin Morris, SDS	

Minutes prepared by: Paula DiPaolo, Peninsula Reporting

**CALL TO ORDER**

**WELCOME AND ROLL CALL – 1:00 p.m.**

Roll call of Council members was taken, and guests were introduced.

## **OVERVIEW OF MEETING**

Duane Mayes called in to the meeting briefly to explain that his absence from this meeting was due to his obligations with national organizations. He stated that the meeting he attended centered on long-term support services and the fiscal cliff that is happening around the nation. He shared legislation and initiatives in Alaska, particularly the Community First Choice option and the limited supports waiver that will be implemented.

Duane Mayes shared that when he attends these national conferences, he hears consistently about Steve Lutzky and HCBS Strategies and the excellent reputation they have at a national level. He stated that he also hears about how states struggle to find good people, and he feels very fortunate to have the excellent team at SDS as well as stakeholder groups that work very collaboratively with them.

## **STATUS OF CFC DEVELOPMENT, QUESTIONS, AND INPUT**

Deb Etheridge updated the Council on the current status of the Community First Choice (CFC) option. She stated that once they determined the eligibility criteria, they have developed the State Plan amendment. The amendment has to go through internal review and then to the Commissioner's Office for approval. From there the process will begin with CMS.

Deb Etheridge explained that when they initially proposed creating CFC, in addition to personal care services, chore, and emergency response system, they contemplated moving respite from the waiver to CFC. After doing some further analysis, it was determined that moving respite over to the state plan option would be a risk to the State until they know the population of who would be accessing the program. They decided to continue to provide respite services through the waiver.

Deb Etheridge stated that most individuals will access the CFC using a person-centered intake through the Aging and Disability Resource Centers (ADRCs). If CFC or home and community-based services aren't an option for the individual, they will access care coordination through a targeted case management option.

Deb Etheridge stated that the timeline for getting the State Plan amendment approved is a 90-day process, which includes a public comment period. The State will also have to make system changes to their software.

## **OVERVIEW OF THE NEW IDD WAIVER**

Maureen Harwood reiterated to the Council that the primary goal in adopting a new waiver for individuals who experience developmental disabilities is to minimize the effect of the budget crisis by pulling down more federal dollars. The dollars for the Community Developmental Disabilities Grant (CDDG) are ending, and the State will be shifting them to a Medicaid waiver. The State has been working to identify who those individuals are and what services they have been receiving. They will also use this waiver to provide services for people with intellectual and developmental disabilities with less intensive needs that are not currently receiving grant services.

Maureen Harwood and Lynne Keilman-Cruz continued through the PowerPoint to present the following information:

### **Proposed Eligibility Criteria**

- Active Developmental Disability Determination (DDD) by the State and be on the Developmental Disabilities Registration and Review (DDRR).
  - Currently working to ensure people on the DDRR have updated their profiles by July 1<sup>st</sup> so SDS can analyze the data to determine more concrete numbers in terms of the pool of people that will be dividing this funding.
- Meet Alaska's level of care criteria for Intermediate Care Facility for Individuals with Intellectuals with Disabilities (ICF/IID).
  - ICAP will continue to be utilized because the interRAI is still under investigation. Projected date of interRAI implementation is 2020.
  - If it is determined that a person's needs are too high to be enrolled on the supports waiver, CMS will not allow their enrollment.
- Be enrolled in Medicaid.
- Short Term Assistance and Referral (STAR) program staff will continue to assist with DDD and DDRR submissions.

### **Proposed Services**

- Respite
- In-Home Supports for people less than 18 years old
- Supported Living for people greater than 18 years old
- Day Habilitation
- Supported Employment (including pre-employment)
- Time-limited Therapy Services (Intensive Active Treatment).

### **Care Coordination**

- Want to lower costs for care coordination to allow more funds for services.
- Anticipate lowering requirements for number of contacts.

### **HCBS Settings Requirements**

- Because the supports waiver is a new waiver, all services will need to meet HCBS settings requirements included in the Center for Medicare and Medicaid Services (CMS) final rule on settings. Can't wait until the end of the transition period allowed for existing waivers or the recent three-year delay.
- Settings rule applies to Supported Living, Day Habilitation, and Supported Employment.
- Anticipate that most providers will offer services that meet settings requirement.
- Propose having care coordinators verify that all services meet settings requirement. SDS's goal is to develop a process that makes this easy.

### **Individual Cost Limits**

- Care coordinators will first develop a plan that reflects participant's needs, goals, and preferences using supports from unpaid sources and other funding sources before

Medicaid.

- Proposing:
  - A “baseline” individual cost limit not to exceed \$8,000 per year.
  - A “stepped-up” individual cost limit not to exceed \$30,000 per year.
- SDS is developing criteria to determine how to apply limits.
- Amounts are preliminary. The State needs to balance cost limits against the number of people who can be enrolled.

### **Health and Safety Safeguards**

- Allow a one-time additional \$5,000 to address temporary emergency needs
  - SDS will develop criteria.
  - Considering basing it on acute medical needs and/or temporary change in capacity of supports.
- If additional supports are needed to ensure health and safety, the individual’s DDDR profile must be updated for consideration for the full IDD waiver.

Maureen Harwood and Deb Etheridge explained that the baseline cost limit of \$8,000 was determined after collecting the data on the number of people that may be accessing this program and was based on an average of what people are currently utilizing for the proposed services to be included in this waiver. Jetta Whittaker further reported that the comparable population SDS used, which is a requirement of CMS, was the pool of people using CDDG services. Based on the analysis of that data, pools of people were identified: Children receiving respite and day hab on an average of about \$8,000 a year, a gap, and then adults in the \$30,000 to \$35,000 range.

Deb Etheridge reinforced that the baseline was established to serve more people, and the philosophy is to ensure a step-up of services to allow for health and safety in the community when needed. She stated that the Division needs to determine the criteria that would allow for the step-up in an individual’s plan and would like to hear the thoughts of this Council.

### **Feedback from the Council:**

- Based on an \$8,000 baseline, would four hours a week of supported employment be enough to be effective in helping someone change their life?
- Is this baseline funding enough overall to provide people with services that they need to prolong a healthy, meaningful life in the community?
- If individuals are made aware that the range of funding available is between \$8,000 and \$30,000, people may not be satisfied receiving a lower amount when they believe the \$30,000 may be available to them, even if their perceived needs don’t justify that amount. Perhaps the conversation with recipients should remain focused on the needs rather than the dollar amounts.
- The ICCC advisory group meeting took place this morning, and the ICCC voting members were not invited to that meeting. The ICCC voting members made it clear in last month’s meeting that they wanted to be informed of these meetings that are to take place prior to this group meeting so they are able to attend and listen to the feedback provided by the advisory group.
- There was a request that this Council be provided with the most up-to-date rate charts.

- Is there an opportunity for flexibility to be put into this waiver for services such as transportation to work?
- Is there an opportunity for flexibility in this waiver to purchase services beyond the pool of existing providers and existing services?
- Will care coordination be taken out of the individual spending amount?
  - *The cost of care coordination will not come out of the recipient's cost cap.*
  - *Also being discussed is targeted case management.*
- Is there any conversation about the ability of consumers to find care coordinators and how this process might continue to impact that?
- Will individuals on this supports waiver be able to step up to the full IDD waiver?
  - *People on the supports waiver could maintain their enrollment on the DDRR if their needs are changing.*
  - *An individual can receive CFC services at the same time they are on a waiver as well.*
- Would the one-time \$5,000 emergency funding support enabling technologies, or have enabling assistive technologies that would replace the need for human assistance been considered in the array of waiver services?
  - *Currently there isn't a category for enabling technology under specialized medical equipment in the waiver. The Office of Rate Review would need to set a rate for specific items and create the path toward purchase. The State is not contemplating putting specialized medical equipment (SME) into this waiver. The time frame for the rollout of this waiver needs to be considered because creating definitions, regulations, and rates for SME would delay the implementation. Also to be considered is that when a new array of services are added into the waivers, there needs to be stronger budget controls because it tends to be an add-on. This concept could be added to a three-year or five-year plan for the Department because the State doesn't currently have the infrastructure to do it.*

### **NAMING THE NEW WAIVER**

Maureen Harwood stated that the advisory group also engaged in a conversation about naming this new waiver, and she asked the Council for feedback and suggestions for branding this waiver in conjunction with the current 1915(c) IDD waiver. The following suggestions were offered:

- Individual Supports Services Waiver I and II
- Community Inclusion I and II
- Supports for Community Living I and II
- Inclusive Community Choices (so IDD and ICC/IDD waivers)
- Inclusive Community (remove "Choices" so as not to be confused with the State's previous Choice waiver), IC/IDD
- Personalized Supports waiver

It was determined to develop a SurveyMonkey or a Doodle poll for Council members to vote on a name for this waiver.

### **FURTHER INPUT, RECOMMENDATIONS, AND FEEDBACK**

- People actually really rely on care coordinators as a support system to contact service providers, and allowing people less time to access care coordinators might be a detriment.
- When enabling technology is addressed in the future, consideration needs to be given to being able to fix broken technology for people.
- Transportation needs to be considered as an issue because the current transportation providers are inadequate.
- People need to be aware of the new statewide effort regarding implementing supported decision making as part of Alaska's guardianship laws.
- Consider the use of family members or natural supports assisting people when applying for the waiver and expand this capability beyond the care coordinator.

### **ADJOURN**

Hearing no objections, the meeting adjourned at 3:10 p.m.