

Alaska Home and Community Based Services (HCBS)

Development and Implementation Council

Charter

Council Background and Authority

This Charter establishes the working parameters of the Alaska Home and Community-Based Services (HCBS) 1915(i) and 1915(k) Development and Implementation Council (referred to as the “Council.”)

Section 2401 of the Affordable Care Act added a new section 1915(k) to the Social Security Act, which establishes a new State plan option to provide “person-centered” home and community-based attendant services and supports. Referred to as Community First Choice (CFC), this State plan option must be offered to all those eligible for Medical assistance under the state plan who meet the benefit specific eligibility requirements. The final rule governing CFC was issued on May 7, 2012.

Section 2402(a) of the Affordable Care Act amended section 1915(i) of the Social Security Act, which modified and removed some of the barriers to State use of this State Plan option to provide Home and Community-Based Services. This State Plan option allows the State to pursue HCBS delivery to targeted populations on a statewide basis. The final rule that includes the modifications to the 1915(i) State Plan option as well as the HCBS setting requirements that apply to both 1915(i) and to CFC was issued on January 16, 2014, with an effective date of March 17, 2014.

The State is required to create a Development and Implementation Council as part of its pursuit of 1915(i) and 1915(k) that includes a majority of members with disabilities, elderly individuals, and their representatives. The State is required to consult and collaborate with the Council when developing and implementing the State Plan amendment to provide HCBS.

Purpose

The purpose of the Council is to establish a venue for representative participants, family members and advocates to provide ongoing input to the State and its contractor Health Management Associates (HMA) during the design and implementation of the State Plan amendments for a 1915(i) State Plan HCBS option and a 1915(k) Community First Choice option.

The Council’s objectives include reviewing and/or providing input into the following components of the design and implementation process as appropriate:

- Project Plan
- Stakeholder Input Process
- Regulations

- Description of Current Medicaid/HCBS Operations
- Eligibility, Resource Allocation Criteria and Target Populations
- Environmental Scan of Functional Assessment Tools
- Service Package
- Quality Assurance and Improvement Plan
- Provider Manual/Conditions of Participation
- Cost Impact Analysis
- Implementation Plan

Council Operating Principles

Collaboration that leads to a strong partnership and results will guide the Council. The following are principles of the Council:

- The Council’s process will incorporate stakeholder input and public comment.
- The Council’s process will be inclusive and transparent. We will evaluate our work at regular intervals and post work products on our website.
- Due to the technical nature of the discussions, Council members attend and contribute regularly, and do not delegate an alternate.
- Council members ask for clarity, are respectful of one another’s points of view, and strive for principled change leading to positive outcomes.

Council Facilitation and Decision-Making

Council Facilitation

HMA, as the facilitator of the Council, will engage the Council in discussions that are designed to draw forth input and recommendations related to components of the design and implementation of the state plan options. All members will be provided an opportunity to offer their viewpoints and to discuss and come to understand the implications of various decisions.

Decision-Making Process

All members of the Council are encouraged to provide input. Decisions and recommendations will be formalized through a voting process as a means to clearly and correctly document the various viewpoints of Council members. Each voting member will have ONE vote. (Personal assistants aiding individuals in meeting participation will not vote but may assist in conveying the member vote).

Consensus decisions are valued and whenever possible, the goal is to reach decisions based on consensus. The “Fist of Five” will be used as a tool for consensus-building. Thus, votes on each decision will be made using the following scale:

- 5 fingers – total agreement.
- 4 fingers – I agree with minor reservations.
- 3 fingers – I am okay with the decision, I'll go along.
- 2 fingers – I do not agree with some reservations.
- 1 finger – I do not agree with major reservations.
- 0 fingers – I do not agree, I cannot live with this decision.

Consensus means that all members agree on the substance and the form of the decision. Using the “Fist of Five,” consensus means that all members vote a 4 or 5. If there is no consensus, reservations will be aired and discussed to the extent Council members are inclined to do so. If it is determined that additional information is needed to make a decision, the State and HMA will endeavor to provide this information. The decision will be revisited and the “Fist of Five” will be used again. If there is still no consensus, the matter will be decided via a majority vote by those members present.

Meeting outcomes will be recorded in “Council Meeting Minutes” and differences in perspectives will be noted. Anyone who wishes to, is given the opportunity to put their concerns in writing to be included in the meeting minutes. To help ensure a transparent process, these minutes will be posted on the State’s 1915(i) and 1915(k) Development and Implementation Council website. The State will carefully consider the Council’s viewpoints in its decision-making processes.

Council Participants and Roles

State of Alaska

The Council is convened by the Alaska Department of Health and Social Services, Division of Senior and Disabilities Services (SDS). The following state employees will be regular participants in Council meetings: Duane Mayes, Director of SDS; Ulf Petersen, Research Analyst III; Deb Etheridge, Deputy Director of SDS; Jetta Whittaker, Policy Program Manager; Al Wall, Behavioral Health Director; and others as needed. The State will be responsible for agreed upon objectives; and they will work to incorporate Council and other stakeholder input into the Council agendas, participate in the Council process, support Council facilitation by providing and/or clarify information and context as needed, and take the Council’s perspective into consideration when decisions are made related to the design of the State Plan Amendment.

Health Management Associates (HMA)

A contractor of the State, HMA will develop draft Council meeting agendas in collaboration with the State, and send them to Council members for review and suggested changes. HMA will then draft a final agenda. HMA will facilitate Council meetings using an effective and impartial process to meet objectives. HMA will prepare and provide pertinent documents for review throughout the Council process. HMA will assure that meeting minutes that focus on key points, action items, decision points, recommendations and next steps will be prepared and disseminated to Council members.

Council Members - Voting

Council members with voting privileges include individuals directly affected by the CFC design, i.e., participants, family members, or advocates that represent seniors with physical or medical disabilities, individuals with Alzheimer's disease or dementia, younger individuals with physical or medical disabilities, individuals with brain injury, individuals with developmental disabilities, and children with disabilities.

There will be times when Council members will cast votes to indicate a position on a recommendation to the State. The members recognize that their recommendations will be carefully considered by the State, but that the State may overrule recommendations due to budgetary constraints or other pertinent issues. If the State overrules a Council recommendation, the State will provide the reason/s to the Council and record in the minutes.

Council Advisors - Non-Voting

Several knowledgeable stakeholders have expressed interest in attending Council meetings. Meetings will be open to these individuals to provide advice as requested and for the purpose of observing and reporting back to their constituencies first hand. These individuals include representatives from the Personal Care Attendant Association, Alaska Association on Developmental Disabilities, Alaska Behavioral Health Association, Alaska Geriatric Exchange Network (AGENET), Alaska State Hospital and Nursing Home Association, Alaska Native Tribal Health Consortium, Assisted Living Association of Alaska, and Alaska Primary Care Association.

While advisors will typically not participate in member deliberations, issues may arise where the Council desires input and advice from the advisors. At this time, the facilitator will open discussion and call upon these individuals as appropriate. We expect that advisors, while not having a vote in Council decisions, will provide critical insight about the potential effect of design elements on service provision and provider operation. Council Advisors can also provide a written statement to be included as an addendum to meeting minutes.

Member Commitment

Term of Membership

Members' commitment to the Council extends from October 28, 2015 through July 31, 2016, approximately 9 months.

Council Meetings - Accommodations and Reimbursement

Council meetings are expected to be conducted monthly. The vast majority of meetings will be held via teleconference to help ensure participation of members across the State. Please be sure to let the Convener know if you have a need for accommodations to enable your full participation. It is possible that the Council will meet face-to-face on occasion. If so, the State will provide reimbursement for travel and related expenses for voting members. Members will always have the option to join by teleconference.

Expectations of Members

Council members are expected to attend all scheduled Council meetings. Council members are expected to review relevant materials prior to the meeting and be prepared to actively participate.

When members cannot attend scheduled meetings, they will notify the State by email to hcbs@alaska.gov. Members unable to attend the entire meeting (arriving late or leaving early) are requested to let the Convener know. Decisions will be made by members in attendance; decisions made at a prior meeting will not be delayed or revisited due to someone's absence. This means that voting members not in attendance will miss the opportunity to vote on Council recommendations on that date.

Non-Participation

Consistent participation in these meetings is essential. If a Council member misses two Council meetings in a row, the State has the discretion to replace the member.