STATE OF ALASKA
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SENIOR AND DISABILITIES SERVICES

INCLUSIVE COMMUNITY CHOICES COUNCIL

Meeting Minutes
Friday, April 1, 2016

Voting Members:
- Art Delaune
- Banarsi Lal
- Alavini Lata, not present
- Karli Lopez, not present
- Sara Kveum
- Bruce van Dusen, not present
- Rusty Best, not present
- Ken Helander
- Patricia Branson
- Cindy Shults, not present
- Mary Schaeffer

Advisors:
- Theresa Brisky
- Allison Lee
- Kim Champney, not present
- Tom Chard
- Dave Branding
- Marianne Mills
- Connie Beemer
- Mellisa Heflin
- Sandra Heffern
- Denise Shelton

Facilitators:
- Duane Mayes, SDS
- Shane Spotts, HMA
- Lisa Shugarman, HMA

Guests:
- Amanda Lofgren, AMHTA
- Deb Etheridge, SDS
- Ulf Petersen, SDS
- Jetta Whittaker, SDS
- Lynne Keilman-Cruz, SDS

CALL TO ORDER – 1:00 p.m.
WELCOME AND ROLL CALL

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

REVIEW AND APPROVAL OF MEETING MINUTES

Duane Mayes asked for a motion to approve the minutes from the March 2016 teleconference.

VOTE:
No motion, no second. Hearing no opposition to accepting the minutes as presented, the minutes were approved.

UPDATE ON THE LEGISLATIVE SESSION

Duane Mayes informed the Council that materials were composed and distributed by a member of the Alaska legislature that contained incorrect information regarding the implementation of the 1915(i) and (k) state plan options, and those materials were presented to the House Finance Committee as well as others within the legislature. In a move to correct the falsehoods contained in this presentation, Shane Spotts flew to Alaska, and he and Duane Mayes prepared a response to each of the bulleted inaccuracies. They then engaged in multiple meetings with members of the legislature to educate them on the process of researching and implementing 1915(i) and (k). Shane Spotts felt that the meetings were productive and that everyone they spoke with was well informed of the process as well as the potential outcomes of the implementation of these state plan options.

Duane Mayes reviewed the myths outlined in legislative paper and gave a brief synopsis of the responses provided to the legislature by Shane Spotts.

During the question and comment period, Mary Schaeffer noted that she believes the legislature needs to hear from the perspectives of caregivers and providers before they start to oppose anything. She also noted that moving to these new options will improve the current system in the rural communities. Pat Branson also noted that the public and provider comments gathered statewide on the implementation of 1915(i) and (k) should be used to educate the legislature. Duane Mayes noted that he did share that information with the legislature.

Pat Branson also volunteered as a member of this council to lend a hand in any way to help.

Sandra Heffern noted that only members of the House Finance Committee can submit amendments to the current version of SB 74, and the author of the concerns regarding 1915(i) and (k) does not sit on House Finance, although this legislator could find a sponsor for the amendment. Sandra noted that in her discussions with the members of House Finance, they all seems to understand the process that the Department is going through, and they realize that if there is not going to be a cost savings, it will not move forward.

Tom Chard commented that the only thing he has heard this week is that members of the legislature were frustrated that some of these decisions and plans were already being sent to CMS, and they are curious about what needs to be in statute and what the Department currently has the authority to do.

PRESENTATION ON ASSESSMENT TOOLS

Lisa Shugarman provided the Council members with a detailed report on the research completed on national and state assessment tools, noting that adopting a new functional assessment tool was a recurring theme HMA and SDS has heard in provider and public forums around Alaska. The objectives for the review of assessment tools were to conduct an environmental scan of functional assessment tools that could be used with the 1915(i) and (k) as well as to describe the ways that the tools are being used in other states. The assessment tools reviewed are as follows:

National Tools:

- interRAI
- Supports Intensity Scale (SIS)
- Inventory for Client and Agency Planning (ICAP)

Tools Developed by Other States:

- MnCHOICES – Minnesota
- Comprehensive Assessment Reporting Evaluation (CARE) – Washington state.

interRAI

- Suite of tools developed for the long-term services and supports populations.
- Valid, high inter-rater reliability
- Research-informed support tools in each tool
- interRAI tools:
  - interRAI-HC – older adults/physically disabled
  - interRAI-CHA – older adults/physically disabled
  - interRAI-ID – adult I/DD population
  - interRAI-ChYIDD – child and youth I/DD population
  - interRAI-CMH – adult behavioral health population
  - interRAI-ChYMH – child and youth behavioral health population
  - Tool used in 22 states.

Supports Intensity Scale (SIS)

- Validated, reliable, and normed tool developed by the American Association of Intellectual and Developmental Disabilities (AIDD).
- SIS-A, adults 16 years and older; SIS-C, children 5 – 16.
- Focus in on the frequency and level of support rather than documenting performance deficits.
- Establishes acuity levels, which were developed by the Human Services Research Institute.

- Requires its own proprietary software solution (SISOnline)
- Training and certification of assessors by AIDD is required to use SIS.
- Tool used in 22 states.

Inventory for Client and Agency Planning (ICAP)

- Currently in use in Alaska for the I/DD population.
- Designed for both children and adults.
- Measures functional needs in adaptive and maladaptive behaviors.
- Produces a score from 0 – 100, reflecting level of service intensity required.
- This tool is typically used in other states in combination with other assessment tools.
- In use in 11 states.

MnCHOICES

- Development began in 2004; rollout began in 2013 and is ongoing.
- Designed to integrate assessment tools across multiple populations including individuals with physical disabilities, I/DD, children, and behavioral health.
- Based on the interRAI-HC.

Comprehensive Assessment Reporting Evaluation (CARE)

- Developed in early 2000s; three years to build the tool.
- Built off the interRAI-HC.
- Includes 14 acuity groups with resource allocation/case mix.
- SIS integrated into the assessment process for the I/DD population.

How States Are Administering Their Assessment Tools:

- State staff often complete assessments with some exceptions.
- Montana engages a vendor for assessments.
- New York contracts with CBOs to conduct assessments with state oversight to mitigate conflict.

How States Are Using Assessment Tools:

- Driving person-centered care planning
- Needs assessment
- Acuity identification
- Resource allocation
- Quality/outcomes measurement.

Lisa Shugarman then reviewed a summary matrix of the assessment tool features and functionality that address the various populations and their needs that addresses the aspects of driving systems change, determining eligibility for the populations, resource allocation, operations, and quality.

Costs of Assessment Implementation:

- Assessment tool costs:
  - interRAI – Royalty-free license to states for use of the tools.

    - SIS – License fee of $175 per assessor, and per-assessment fees of $19 per assessment.
- I-T/Software Costs:
    - Varies substantially from state to state.
    - SISOnline is software solution for SIS.
    - Several authorized interRAI vendors (including MediWare, which is the Alaska I-T vendor).
- Training Costs:
    - Unknown for interRAI.
    - SIS training - $7,500 for initial training, additional follow-up training costs as well.

Sara Kveum asked if they were going to get a chance to try out the assessment tools or when a change in tools would go into effect. Duane Mayes stated that based on the input they have gathered from stakeholder forums, it is probable that the State will have a new assessment tool. The complaint the State hears about the current tool, the ICAP, is that it is deficit based and has a very negative approach to how a person is assessed for service. The other tools as presented above have a more strengths-based approach. Lisa Shugarman also noted that the other states that use the ICAP do not use it as a stand-alone tool like Alaska does. They supplement it with other assessments.

Duane Mayes stated that they have put in an amendment to the fiscal note for SB 74 because of some likely costs associated with the implementation of a new assessment tool. The Trust, with a match, will be funding those costs. He also expressed thanks to the Trust for coming forward with funding for four additional non-perm positions for moving forward with the implementation of (i) and (k).

Advisory members asked additional questions relating to the cost of training assessors for these various tools. Lisa Shugarman re-explained what they can estimate as far as training costs are concerned, and Duane Mayes also noted that interRAI aligns with MediWare, which is a positive thing because the State is already under contract with MediWare for their automated services plan.

Lynne Keilman-Cruz shared her experience of meeting with Brant Fries at the University of Michigan regarding interRAI. She shared the positive things she liked about the assessment such as the tools being validated, an easy training manual, short length of time for a trained assessor to administer the tool, the software is very intuitive, and it doesn't require a nurse to administer the tool.

Lynne Keilman-Cruz asked if there was any research into litigation as a result of any of the tools mentioned above. Lisa Shugarman stated that she believes that if the combination of the comprehensive assessment tool and the person-centered planning process is implemented correctly, it can stand up in court and justify how the decisions were made. Shane Spotts added that he believes it's the way the resource allocation has been designed in some states that has caused any litigation. He said that an objective-based resource allocation methodology would alleviate that. He also noted that insurance companies use these objective-based resource allocation methodologies all the time to set acuity rates.

Allison Lee asked about the state-specific tools of MnCHOICES and CARE, and if those tools could be adapted, what does that look like, and does CMS have to approve the tool? Lisa Shugarman stated that CMS does not have to approve the tool as long as the State can demonstrate to CMS how they are capturing the information. To adapt MnCHOICES or CARE, it would require the State to go through a significant review of the entire assessment to determine if it meets Alaska's needs, because Minnesota and Washington's policy and programmatic priorities may not be the same as Alaska's. To adapt one of these tools would require a stakeholder and clinical process to ensure the elements that are important to the state programmatically and from a policy perspective are met.

Sandra Heffern stated that from her research on interRAI, she likes that there is a model for acute care and long-term care that they can add to the base assessment depending on the individual's situation. As they are moving into a more integrated approach to service provision, this makes a lot of sense to her, for one tool to be able to go across the entire life and services continuum.

Amanda Lofgren added that she thinks it is important for them to consider a tool that is efficient from the user and individuals' perspectives.

Duane Mayes stated that HMA has produced an eight to nine-page draft report on the assessments that he will share with council members and advisors. He asked that they please keep this information to themselves and not share it because it is a draft.

DISCUSSION ON THE REVIEW OF REGULATIONS

Lisa Shugarman then engaged the Council in a discussion of task 3, review of regulations. She stated that the objectives of task 3 were as follows:

a. Conduct a review of the federal regulations governing 1915(c), (i), and (k) with a focus on the essential elements of those regulations that will affect implementation of the state plan optional benefits in Alaska.
b. Provide a summary of CMS rules and their relationship to implementation in Alaska.
c. Summarize the experiences in other states with implementation of 1915(i) and (k) state plan optional benefits.
d. Summarize other state's experiences with respect to 1915(i) and (k) focused on adults with brain injuries.
e. Provide a summary of 1915(i) and (k) rate structures in other states.
f. Recommend to DHSS suggested regulatory refinements necessary to implement 1915(i) and (k).

Lisa Shugarman then went into an in-depth review of task 3.c. highlighted above:

Approach to Review of State Experiences:

- To date, 17 states have adopted one or more 1915(i) State Plan HCBS optional benefits for children or adults.
- A total of 5 states have adopted 1915(k).

- Only 4 states have adopted both (i) and (k) – California, Maryland, Montana, and Oregon.
- From December 2015 to February 2016, HMA reviewed (i) and (k) state plan amendments for each of the above listed four states and interviewed staff in each state with a goal to understand how each state is meeting the requirements of (i) and (k), implementation issues, successes/challenges, best practices, and lessons learned.

California

- 1915(i) – effective October 2009
  - Target population: I/DD population under 18 years who require habilitation services, no institutional level of care.
  - Covers a population of less than 150% of federal poverty level and provides services to medically needy but does not waive requirements such as spousal income.
- 1915(k) – effective December 2011
  - First state to get (k) approved and was built off the existing personal care benefit.
  - Options benefits covered include transition costs and services substituting for human assistance as well as a restaurant meal allowance.
  - California did not convert any 1915(c) waiver benefits to (k).

Maryland

- 1915(i) – effective October 2014
  - Target population is children or youth with serious emotional disturbance.
  - State is covering the optional categorically needy eligibility group with incomes of less than 150% of the federal poverty level or who are eligible for 1915(c) waiver with incomes not exceeding 300% of SSI rate.
- 1915(k) – effective January 2014
  - Optional benefits covered include transition costs as well as services substituting for human assistance, home delivered meals, environmental assessments, and technology.
  - Concurrent with (k) implementation, Maryland merged two 1915(c) waivers to cover services not permissible under (k).

Montana

- 1915(i) – effective January 2013
  - Target population is individuals with chronic mental illness.
  - Covers the population with Medicaid below 150% of federal poverty level and does not extend benefit to the medically needy.
- 1915(k) – effective July 2013
  - Optional benefits covered include transition costs and services substituting for human assistance such as environmental modifications, assistive devices, community transportation to gain access to Medicaid services, activities and resources, and home-delivered meals.

Oregon

- Oregon maximized (k) by shifting most of its State Plan PAS and 1915(c9) waiver services into CFC. Very little was retained in the waivers.

Key Themes: Planning

- Build off existing infrastructure:
  - In most states, the infrastructure for 1915(i) and (k) already existed.
  - Maryland had to develop separate targeted case management state plan amendment given income eligibility restrictions for (i).
  - States were able to capture majority of population in existing state plan personal care benefit with (k).
- Time to plan:
  - Each state allowed substantial lead-time to plan for their state plan amendment.
  - CMS was often a source of delay with many individuals involved in the period of consultation prior to state plan amendment submission and during negotiations.
  - Time for pre-planning to develop the state plan amendment submission ranged broadly.
- Eligibility:
  - Need a solid understanding of eligibility criteria, both financial as well as functional/diagnostic.
  - Oregon noted that CMS has been hammering on the sufficiency requirement. Even if the program expands beyond what the state estimated, it cannot be rolled back.
- Services:
  - Approach to development of the service array for (k) was similar for California, Maryland, and Oregon: take as much of their existing programs as CMS would permit and move them into (k) in order to maximize the federal match.
  - Montana initially sough approval for those services required under the (k) and chose not to opt for permissible services.
  - California, Oregon, and Montana all recommend taking a minimalist approach.
- Fiscal Impact:
  - States generally acknowledged that there are still significant costs associated with 1915(k), even in light of the FMAP enhancement.
  - California and Maryland both indicated that they had pursued a budget neutral proposal, but they would not have been able to implement necessary changes to comply with federal requirements.
- Development and Implementation Council:
  - Varying levels of engagement with their councils.
  - All continued to engage their council during the implementation period; most continue to engage them now, although on a less-frequent basis.

Key Themes: CMS Approval

- Engagement with CMS:
  - Begin early and engage often was a universal theme across states.
  - Process takes longer than you may anticipate.
  - Time from 1915(i) state plan amendment submission to approval ranged from 8 months to 4 years.

    - Time from 1915(k) state plan amendment submission to approval ranged from 9 months to 2 years.
- Negotiation with CMS:
    - States engaged early in negotiations, even before the state plan amendment was ready for submission.
    - States were careful to articulate their programs using language and terminology from the federal rules to ensure that service definitions were clearly defined within CMS covered benefits.
- Compliance with Federal Rules:
    - CMS is holding firm to HCBS Final Rule, including the settings rules as well as person-centered planning and conflict-free requirements.
    - Delivery system, including assessment functions and eligibility and care plan development roles, must be established prior to state plan amendment submission.

Key Themes: Implementation

- Allow ample time to implement, start small and grow the program over time.
- Settings Rule can have important implications for implementation and impact on the general fund.
- Training of staff internally and training of providers regarding program changes may be a challenge. Where significant changes to existing infrastructure are necessary, training is more complex.
- Adoption of a new assessment tool in Maryland extended the implementation period.

Duane Mayes commended Jetta Whittaker and Deb Etheridge for establishing good communication with CMS on a bi-weekly basis, and he noted that CMS has been providing good, sound advice.

Duane stated that they plan to roll out the (k) option in July of 2017 with moving approximately 1,500 people using waiver PCA services. In January of 2018 they would then refinance the Community and Developmental Disability Grant component to the (i) option. The other (i) programs, senior and community-based grants and General Relief, would roll out in July of 2018. Duane stated that they want to be careful and strategic about their rollouts, but they are feeling the pressure of SB 74 to expedite the process.

Ken Helander stated that this discussion has been very helpful and informative, and he feels very confident and excited about the work that they have done. Pat Branson agreed, but stated that she wants to be a little cautious in understanding the pressure from SB 74. She stated that she wants to be cautious in that they need to roll this out right. She noted that the word "collaborative" needs to come from everybody, including the legislature.

Allison Lee expressed her gratitude to the Trust for stepping in for this heavy lift.

UPDATE ON ANALYSIS OF SHIFT OF SERVICES

Shane Spotts stated that he will resend to council members the service matrix he presented to the

council a few meetings back. What they would like the council to do is consider:

- What do they think the appropriate service package is,
- How would they go about designing these services,
- And what would they shift from the State-funded programs?

Shane Spotts added that they have already heard Duane Mayes talk about the first program shifting over from the (c) to the (k) will be the PCA program, but if they were to look at doing a limited (c) benefit shift in the future, what might make sense?

Shane stated that they are starting to narrow in on some of the eligibility criteria, which they should be able to share at the next council meeting, and they would like the council's assistance in thinking through the service packages, particularly for the (i) right now and then they can look at the (k) later on. He also noted that he does not want these services designed in a vacuum and nothing has been developed beyond the service matrix at this point, so he looks forward to the input the council members will provide to get them to the final service package.

ADJOURN

Hearing no objections, the meeting adjourned at 3:28 p.m.