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

INCLUSIVE COMMUNITY CHOICES COUNCIL

Meeting Minutes
Friday, February 5, 2016

Voting Members:
- Art Delaune
- Banarsi Lal
- Alavini Lata, not present
- Karli Lopez
- 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, not present
- Marianne Mills
- Connie Beemer
- Mellisa Heflin
- Sandra Heffern
- Denise Shelton

Facilitators:
- Duane Mayes, SDS
- Deb Etheridge, SDS
- Shane Spotts, HMA

Guests:
- Amanda Lofgren AMHTA
- Ulf Petersen, SDS
- Jetta Whittaker, SDS
- Terry Hamm, DBH

WELCOME, BRIEF INTRODUCTIONS, 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 January 5, 2016 face-to-face meeting in Anchorage.

VOTE:
Karli Lopez **MOVED** to approve the minutes from the January 2016 meeting, **SECONDED** by Ken Helander. Hearing no objection, the motion **PASSED.**

SMI POPULATION UPDATE

Duane Mayes stated that with the departure of Albert Wall from the Division of Behavioral Health (DBH), Randall Burns has been made acting director of the division. Throughout the 1915(i) and (k) process, there have been some issues that have arisen in terms of behavioral health providers understanding the specifics regarding (i) and the impact to behavioral health. Duane stated that he and Terry Hamm and Shaun Wilhelm have been discussing the 1915(i) and (k) options with Randall Burns. Duane noted, however, that there have been separate discussions among the various Medicaid reform contractors working for the Department of Health and Social Services about the impact of 1915(i) versus the 1115 demonstration waiver for the DBH population. There is a general feeling among high-level leadership that the State should shift to looking at the 1115 waiver instead of the (i) option going forward for the behavioral health population.

Shane Spotts added that throughout the information gathering public input process, it was becoming clear that the State of Alaska, Division of Behavioral Health, and providers were going to have a difficult time meeting some of the requirements of 1915(i) for the SMI population, and it was difficult to see how it would help the greater good of the department redesign efforts. He stated that Health Management Associates (HMA) suggested the State doing a 1115 five-year demonstration waiver. The other contractors working on the Medicaid Reform project, as well as contractors working directly with DBH, also had the same recommendation independent of HMA.

Shane Spotts stated that under the 1115, DHSS will have a tremendous amount of flexibility to work with the federal Department of Health and Human Services on designing the Medicaid program. It seems to be a better fit because there are so many different aspects of redesign happening within DBH. Shane Spotts briefly explained that the 1115 demonstration waiver is different than the State Plan Options because it is targeted at a broader Medicaid redesign while also demonstrating budget neutrality. He fielded brief clarifying questions from Council members regarding the 1115, also noting that he is not directly involved in these 1115 conversations, and it is not within the scope of HMA's contract or a responsibility of this

Council.

Based on questions from Ken Helander and Tom Chard regarding the overlap of SMI in the remaining populations being served under 1915(i) and (k), Shane Spotts stated that it's not as if the SMI piece goes away for the populations they will be serving under these options. It is still a piece of the broader puzzle. Deb Etheridge added that the thought is for co-occurring disorders, they can't create a service delivery system in a vacuum, and opinions from all different groups are valued as they move forward so they ensure they're creating a comprehensive service delivery. The behavioral health participation in Community First Choice and this Council is very valuable and needs to continue. Tom Chard added that he wants to be sure people understand that the three remaining target populations also have behavioral health issues that often complicate and make care more costly.

Sara Kveum shared her concerns about incorporating 1115 into their existing time frame for project completion. Shane Spotts explained that 1115 will be on a different timeline.

UPDATE ON PROJECT STATUS

Shane Spotts reviewed the current project status with the council members as follows:

1. Project planning – 100% complete
2. Stakeholder input – 80% complete
3. Review of regulations – 62% complete
4. Review of current operations – 81% complete
5. Identify eligibility/resource allocation criteria – 60% complete
6. Environmental scan of functional assessment tools – 85% complete
7. Determine service package – 66% complete
8. Establish quality assurance and improvement plan – 4% complete
9. Develop a provider manual/conditions of participation – 0% complete
10. Cost impact analysis – 60% complete
11. Develop implementation plan – 10% complete

Shane Spotts stated that the project overall is about 65 percent complete. They are aiming for a completion date of June 30th. The last month will be transitioning the work and presenting to the Council. He stated that starting next month, they will be bringing forth specific information to the Council for their vote, such as eligibility criteria; and by the July Council meeting, they will have an opportunity to vote on the overall recommendation.

Pat Branson asked how many and which states were surveyed regarding their assessment tool, and how long have those states been using their assessment tools. Shane Spotts stated that his colleague's report is still in progress, but he believes they looked at all 50 states. They have spoken to approximately 10 to 12 states such as New York, Georgia, Missouri, and Colorado. He stated that the report is due at the end of February, so they can include that in the March meeting agenda. Pat Branson also asked that the length of time using the tools by the states be included in that report. Mary Schaeffer asked that the assessment tools be created in layman's terms for people in both urban and rural areas to use, and that they not be too complicated and

hard to follow.

REVIEW SERVICE UTILIZATION DATA

Shane Spotts led the Council through the presentation of service utilization data as follows:

I/DD Waiver

- 1,974 total recipients claimed a service in FY'15 totaling $162,154,995.66.
  - 8 budgets over $300,000
  - 78 budgets over $200,000
  - 754 budgets over $100,000
- The top 25 percent (482) of budgets represent 50 percent of waiver spend.
- The top 50 percent (987) of budgets represent 83 percent of waiver spend.

Service	Procedure Code	Sum of CLI Reimb Amt
Group Home Habilitation	T2016	$ 63,592,551.71
Day Habilitation - Individual	T2021	$ 34,896,556.55
Supported Living Habilitation	T2017	$ 27,529,322.54
Family Home Habilitation - Adult	S5140	$ 6,764,969.84
Day Habilitation - Group	T2021 HQ	$ 5,198,681.33
Case Management	T2022	$ 4,932,166.15
Supported Employment - Individual	T2019	$ 4,674,407.83
In-Home Habilitation	T2017 U4	$ 4,019,835.15
Respite	S5150	$ 3,415,444.79
Supported Employment - Group	T2019 HQ	$ 2,688,272.30

Shane Spotts noted that the top three services represent 78 percent of waiver expenditures.

Sara Kveum asked what will happen to the 1915(c) waiver when people are switched over to the 1915(i) and (k). Shane Spotts stated that there will still be a 1915(c) waiver program because there are approximately 17 to 18 percent of people that use institutional deeming or income disregard to qualify for the Medicaid waiver, so the State will continue to maintain a (c) program for this population. An individual will have an overall plan of care that will look at all three of these different home and community-based funding services as one, and the recipient of service should not see the difference.

Sandra Heffern asked if HMA compared Alaska's utilization of this waiver to any other states. Shane Spotts stated that anecdotally, Indiana was top heavy on service utilization just as Alaska seems to be, but Indiana's per capita cost was $44,000 versus $84,000 in Alaska. He also noted that by and large, residential habilitation and day hab individual are usually the two largest service categories for this waiver.

Tom Chard noted that it would be helpful to the Council to be able to get a better look at the

high-end expensive individuals to determine the trends in day hab, group home settings, and individual need. Shane Spotts stated that they are getting the service utilization by individual broken out and are taking a look at that. Shane has also requested the assessment scores of all the individuals on the waiver to determine a correlation of the characteristics of the individuals with the higher-end budgets. They will try to bring that information back to the Council when they have reached a conclusion.

APDD Waiver

- 72 total recipients claimed a service in FY'15 totaling $323,147.44.
  - 13 budgets were over $1,000
  - The top 10 percent (7) of budgets represented 86 percent of spend.

Service	Procedure Code	Sum of APDD Reimb Amt
RSL - 6 to 16 beds per EIN	T2031 US	$ 86,104.20
Day Habilitation - Group	T2021 HQ	$ 72,970.39
RSL - 5 or fewer beds per EIN	T2031 UR	$ 71,512.65
Plan of Care Development	T2024 U2	$ 27,899.64
Transportation	T2003 CG	$ 25,826.53
Specialized Private Duty Nursing	T1002 U2	$ 14,953.60
Specialized Private Duty Nursing	T1003 U2	$ 9,650.25
Supported Employment - Group	T2019 HQ	$ 7,638.76
Transportation	T2001 SE	$ 6,591.42

CCMC Waiver

- 265 total recipients claimed a service in FY'15 totaling $10,891,711.20.
  - The top 20 percent (53) of budgets represent 50 percent of waiver spend.
  - The top 50 percent (133) of budgets represent 88 percent of waiver spend.

Service	Procedure Code	Sum of CCMC Reimb Amt
In-Home Habilitation	T2017 U4	$ 4,480,501.71
Day Habilitation - Individual	T2021	$ 1,841,137.11
Respite	S5150	$ 1,165,270.88
Family Home Habilitation - Child	S5145	$ 1,033,141.45
Supported Living Habilitation	T2017	$ 766,680.46
Oversight and Care Management	T1016 CG	$ 595,187.61
Group Home Habilitation	T2016	$ 369,327.24
Respite	S5151	$ 191,948.31
Oversight and Care Management	T1016 TN	$ 158,136.80
Plan of Care Development	T2024 U2	$ 83,340.97

ALI Waiver

Service	Procedure Code	Sum of ALI Reimb Amt
Respite	S5150	$ 17,272,244.98
Transportation	T2003 CG	$ 15,397,957.70
Plan of Care Development	T2024 U2	$ 12,785,434.31
Respite	S5151	$ 6,852,484.60
Screening	T1023	$ 5,293,065.79
Adult Day Service	S5100	$ 3,530,132.07
RSL - Acuity Add-On	T2031 TG	$ 3,293,122.09
Adult Day Service	S5101	$ 2,778,040.18
Case Management	T2022	$ 1,391,955.43

The top three services represent 94 percent of expenditures. The total waiver spend in FY'15 is $73,150,447.53.

PCA

- PCA total spend is $85,200,043.36.
  - 49 percent ($41,786,777.39) of expenditures by individuals who are currently on a waiver.
  - 1,603 individuals are currently on a waiver and receiving PCA services.
  - 3,308 individuals receiving PCA services that are not on a waiver.

Amanda Lofgren asked if the screening category listed above for the ALI was screening for submitting the initial application for the waiver. Shane Spotts stated he would have to pull the service definition for that. Deb Etheridge stated that they would have to check the claims data. She noted that DBH also uses this code, so they need to ensure they have done the right eligibility group along with the service code.

Based upon further questions from Council members and advisors on some of the service categories and procedure codes, Shane Spotts noted that the procedure codes should have been taken off, and they will need to reassess what they have aggregated in the various service areas.

Sandra Heffern asked why chore services were not included in the services under the ALI waiver. Mellisa Heflin also noted that home delivered meals didn't make the list. Shane Spotts noted that they will go back and relook at the service categories for ALI and update it. Jetta Whittaker also requested they look at services that are listed twice but with a different procedure code for all the different waivers.

REVIEW SERVICE GRID

Shane Spotts then reviewed the service grid for waiver and PCA services as follows:

Program Service	PCA	ALI	CCMC	APDD	IDD
Care Coordination		$ 4,333,229.32	$ 83,509.43	$ 27,899.64	$ 5,570,993.70
Residential Habilitation: In-home Supports			$ 4,480,501.71		$ 4,019,835.15
Residential Habilitation: Family Habilitation			$ 1,083,850.20		$ 7,555,859.95
Residential Habilitation: Group Home			$ 369,327.24		$ 64,534,472.88
Supported Living			$ 766,680.46		$ 27,529,322.54
Residential Supported Living		$ 32,638,913.79		$ 157,616.85	
Specialized Private Duty Nursing		$ 758,669.50		$ 24,603.85	
Day Habilitation			$ 1,879,961.62	$ 72,970.39	$ 40,095,237.88
Adult Day Services		$ 2,982,991.47			
Respite		$ 5,741,434.17	$ 1,403,106.95		$ 4,143,472.19
Supported Employment				$ 7,638.76	$ 7,362,953.89
Transportation Escort		$ 1,724,484.47	$ 11,530.00	$ 32,417.95	$ 223,764.98
Environmental Modifications					
Chore Services		$ 2,359,709.11	$ 11,929.08		$ 15,072.86
Meals		$ 2,268,425.34			$ 39,477.13
Specialized Medical Equipment & Supplies					
Nursing Oversight			$ 158,136.80		$ 284,650.56
Intensive Active Treatment			$ 47,990.10		$ 779,881.95
State Plan PCA	$ 85,200,043.36				

Shane Spotts stated that to the right of this table will show spaces for 1915(i) and (k) and what shifting the services from today's environment to 2017 and beyond will look like as well as the overall fiscal impact. He stated that although they are not ready to share the specific information yet, it looks as if a majority of the services will be able to shift over to the (k) option.

Tom Chard stated that as the home and community based 1915(c) waiver services provided to consumers of behavioral health are shifted over to the (i) and (k), he is unclear on the scope and scale of that. He doesn't want to see a situation where people who are currently receiving those services for behavioral health are dropped out. It might be helpful if someone could look at what is currently available to behavioral health and just make sure that when it is shifted over to (i) and (k), those services are still in there. Deb Etheridge agreed and she feels it's an important exercise to walk through where behavioral health intersects with the current delivery system to ensure that if consumers are transitioning into (i) and (k) to receive services, they are not duplicating services with 1115.

Shane Spotts then reviewed the grid for State-funded services as follows:

Program Service	SIH	CDDG	TBI	GR	Other State Programs
State Funded Services					
Nursing Facility Transition Program					$ 120,000.00
Senior Grants – In-Home Services					
Care Coordination	$ 1,090,054.00				
Chore	$ 961,639.00				
Respite & Extended Respite	$ 716,593.00				
Supplement Services	$ 11,138.00				

Senior Grants – Adult Day Care					
Adult Day Care					$ 1,757,011.00
Senior Grants – ADRD Education & Support					$ 357,118.00
Mini ADRD Grants					
SDS General Relief				$ 7,323,900.75	
Community DD Grants					
Case Management					
Care Coordination		$ 678,804.84			
In-Home Support		$ 1,076,164.52			
Group Homes		$ 654,632.76			
Supported Living					
Supported Employment		$ 1,134,241.59			
Day Habilitation		$ 1,772,866.13			
Family Habilitation		$ 164,304.10			
Respite Care		$ 4,432,604.20			
Transportation		$ 64,325.36			
Intensive Active Treatment		$ 4,162.68			
OBRA Services					
DD Mini Grants					$ 285,975.00

Shane Spotts stated that most of these services would be shifting over to the (i) option, but they are exploring nursing facility transition program for the (k).

Shane Spotts stated that they know that not all of the recipients of the senior grants would meet the ADRD criteria that they are laying out for the (i). Deb Etheridge added that they also know there is a percentage of that population that also won't be Medicaid eligible, so the State is aware that 100 percent of those grant funds will not be shifted and refinanced through the (i). Grants serve a purpose, and the State is aware that people will continue to need to utilize grant services.

Shane Spotts stated that in terms of the General Relief Program, a large percentage of individuals within the General Relief Program are SMI. He stated that the question is whether or not any of those individuals with SMI have other functional limitations or diagnoses. Deb Etheridge stated that at a high level, the State is aware that that they have to plan for collaborative work with the General Relief population. It will include the 1115, 1915(i), and an 811 project, and the State will look to overhaul the General Relief system in tandem with other projects that are going forward.

Deb Etheridge stated that TBI isn't currently on this list, and it will need to be added to the chart. Shane Spotts noted that the total for the population is currently at about $500,000.

Shane Spotts stated that overall they are not looking to add a lot of new services through this plan. They may look at the possibility of tweaking some services or targeting some services more specifically. He stated that the biggest pending question and why they are not quite ready to share the overall budgetary number is, what is the trickle effect? What is the effect of people that could be eligible for these programs that aren't today? They are hoping to be able to specify that for the Council by the April meeting and can share what the overall program restructuring will look like financially.

NEXT STEPS AND FEEDBACK FROM THE COUNCIL

Karli Lopez expressed her concern because she thought this whole process was going to be collaborative, and most of what she is hearing is that the work is being done and then being brought to the Council for review. She thought this was going to be more of a collaborative process with input along the way and actually working on this versus just approving the work that's being done. Shane Spotts explained that his firm was hired to make recommendations for the Council to look at, and that's what they're trying to do. He stated they are certainly open to doing it a different way, but they are of the belief that it's easier for the Council to react to something than just start with a blank piece of paper, but he would defer to the Council on that.

Karli Lopez also noted that at the last meeting she stated that they were part of this Council because they wanted to do the work because it was important to them. She had requested the regulatory documents to take a look at, and she hasn't received that yet. Any documentation she would love to see and be a part of instead of just voting on what is put in front of her. Shane Spotts noted that the regulatory document is one of their deliverables to the State, and it hasn't been finalized and signed off on yet, so he would have to defer to the State if they want her to review that document. He noted that as a contractor, they are held to a deliverable standard, so there is also some fear of putting out incomplete work products in front of the public eye.

Deb Etheridge added that although it seems as if things are presented as sort of finalized deliverables, there is always the need for comments and opinion and further working and feedback. Without the Council's feedback on services that are moving or gaps in the plan, the State can't do a good job of transition the Medicaid home and community-based services. In terms of the regulatory documents, they are still going back and forth internally because it is important to the State that they ensure the documents are correct and that they are addressing the correct regulatory authority.

Deb Etheridge also noted that between the last meeting and this meeting, there has also been a big transition with Behavioral Health as well as a lot of other activity that has happened within the larger Medicaid reform efforts. Deb appreciated Karli's comments, but she feels like once they have more deliverables, the Council can have more in-depth conversations about what these recommendations are and how it will really impact the service delivery. If there are hard decisions to make, this Council should be weighing in on those hard decisions.

Shane Spotts asked that Karli Lopez contact him directly if she has any feelings or thoughts about the materials from today's presentation, because this is all the information he has, and the Council is seeing all this same information. He would welcome any feedback or thoughts from Council members in between meetings.

Art Delaune agreed with Karli Lopez, and he added that he understands that things happen in between meetings, but if they could have had some forewarning that they would be discussing the 1115 demonstration waiver, he could have researched it in advance to be better prepared to discuss it during this meeting. Shane Spotts noted that this decision was made above Duane Mayes and Deb Etheridge, and he himself only learned about it two days ago. Deb Etheridge

agreed that ideally they would have liked to have shared the information with the Council sooner, but they didn't anticipate this shift. She stated that she will work with her partners at DBH to prepare some materials on 1115 for this Council to review.

Art Delaune added that as they are looking at implementing 1915(i) and (k) and saving the state money, he has concerns about the ability to increase the amount of people with I/DD and TBI who are currently not receiving services. He is afraid that this will open up some doors and leave the State in worse shape than before. Shane Spotts agreed that this is a major point to consider.

Sara Kveum expressed her desire to have more face-to-face meetings in order to meet their July deadline. Shane Spotts appreciated the comment and noted that maybe they can talk about having work sessions in between monthly meetings if Council members would like to participate in some of the work HMA is doing. He will discuss this with Duane Mayes, Deb Etheridge, and Ulf Petersen to determine the feasibility of holding work sessions.

Tom Chard suggested getting updates during future meetings on things that are happening within the legislature and the Medicaid redesign process that this Council might consider.

ADJOURN

Hearing no objections, the meeting adjourned at 2:41 p.m.