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

INCLUSIVE COMMUNITY CHOICES COUNCIL

Meeting Minutes
Friday, May 13, 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, not present
Cindy Shults
Mary Schaeffer

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

Facilitators:
Duane Mayes, SDS
Shane Spotts, HMA

Guests:
Amanda Lofgren, AMHTA
Deb Etheridge, SDS, not present
Ulf Petersen, SDS
Jetta Whittaker, SDS
Randall Burns, DBH, not present
Patrick Reinhart
Denise Daniello
Liz Donnelly
Paul Cornils

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 April 2016 teleconference.

MOTION:
Ken Helander **MOVED** to approve the minutes, no second. Hearing no opposition to accepting the minutes as presented, the minutes were **APPROVED**.

COUNCIL RECOMMENDATIONS ON THE NEW ASSESSMENT TOOL

Duane Mayes opened up the discussion by reminding council members that they had a very detailed presentation at the last teleconference regarding the proposed assessment tools. He stated that within the Medicaid Reform bill, SB 74, there is a financial component allocated to the purchase and implementation of a new assessment tool. As a result of aggressive timelines in the legislation associated with the implementation of the new tool, there is a go-live date of July 1, 2017.

Shane Spotts shared a presentation on the new tool recommendations that HMA developed for the council, and he stated that what they would like upon the conclusion of the discussion is the council's approval or support for the recommendation of the assessment tool for the Division to be able to consider in their decision making process.

Shane Spotts then briefly recapped the tools for the council as follows:

interRAI
- Suite of tools developed for the long-term services and supports populations.
- Valid, high inter-rater reliability.
- Has a resource allocation associated with it.
- Has quality indicators.
- 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)
- Fairly widely used assessment tool for the I/DD population.
- Focus is on the frequency and level of support rather than documenting performance deficits.
- Establishes acuity levels.
- Requires its own proprietary software solution.
- All the training and certification has to be done by assessors that are trained and certified by AIDD.
- Tool used in 22 states.

Inventory for Client and Agency Planning (ICAP)
- Currently in use in Alaska for the I/DD population.
- 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
- After years of design, rollout began in 2013.
- Designed to integrate assessment tools across multiple populations.
- Based on the interRAI-HC.

Washington State Comprehensive Assessment Reporting Evaluation (CARE)
- Developed in early 2000s; three years to build the tool.
- Built off the interRAI-HC.
- It has acuity groups and resource allocation.
- SIS integrated into the assessment process for the I/DD population.

Costs of Assessment Implementation:
- interRAI and SIS both have licensing fees associated with them.
- There are various I-T and software costs associated with implementing any of the tools.
- Training costs will also be incurred, and interRAI's training costs are variable and persist.

Shane Spotts explained that the assessment tools have a variety of uses. With 1915(i) and (k), there is a functional assessment component to the eligibility. The assessment tool would be used to determine if an individual meets the functional eligibility requirement that's built into the (i) option. The assessment can also be used to help determine level of care and can be used for service planning purposes and resource allocation.

Duane Mayes opened the floor to discussion among voting members and advisors.

Mary Schaeffer asked in the eyes of the State, which one would the State recommend that would probably fit the needs of the people in the rural areas as well as the urban areas? Duane Mayes stated that without directing the council's ultimate decision, the State is leaning towards the

interRAI. In addition to the positive features outlined above, the State of Alaska is already replacing their DS3 system with Mediware. After two years of work, in less than a year they are going to flip the switch on the Mediware system and it will go live. It was discovered that interRAI is already built into the Mediware system, and the State will recognize cost savings by going with a tool that is already built into the new system. In addition to those advantages, interRAI will also fit well with the (i) and (k) options. It is a very comprehensive tool that will do a good job with the functional piece, the service planning, and the service package.

Amanda Lofgren added to Mary Schaeffer's question by stating that she believes the interRAI has a couple components such as common data elements that address some of the concerns that the Elders Committee has had over the years. She also believes that one of the biggest pieces of the interRAI is the inter-rater reliability and the training component, which allows for consistent assessments regardless of the assessor. Rural or urban, there shouldn't be any difference in how the assessments are being applied. Denise Shelton added that she appreciates this as a care coordinator because it brings fairness to resource allocation, and it will provide equitable services to members of the community.

Mary Schaeffer also raised a concern about the wait time associated with assessments in rural areas. She wondered if the assessments will be administered by people other than State people. Duane Mayes responded by stating that SDS has implemented telehealth, and they now have a full-time telehealth coordinator. Because of the implementation of telehealth, this will make a difference in terms of cost savings and timeliness of assessments.

Sandra Heffern piggybacked on Mary Schaeffer's question by asking if they have thought through what the qualifications will be for the assessors. Could community health aides be trained to do assessments or others from local communities? Duane Mayes responded that the State used to require nurses to do the assessments, but they have switched to a health program manager II model that does not require nursing qualifications. The body of health program manager IIs is growing, and the assessments are now all current.

Sandra Heffern further asked if it was a requirement of interRAI that the assessor be required to have a certain level of training, experience, education, et cetera in order to be a certified assessor. Shane Spotts stated that Lisa Shugarman was tasked with researching that with interRAI, but she has since left HMA, so he will follow up on that information for the council.

Sara Kveum asked if the assessment tool will be able to assess people for services regardless of their disability. Duane Mayes responded that the tool has been around for a while and is used by 22 states. The most positive thing about the tool is that it is a strengths-based tool, as opposed to the ICAP that is deficit based. Shane Spotts added that the interRAI has been tested across a variety of populations and sub populations, and they feel confident that it is equipped to deal with those sub populations.

Kim Champney asked what was missing from the interRAI that Minnesota and Washington needed to take steps to customize their own tool. Shane Spotts stated that it wasn't that the tool didn't work for them, but the states just had other goals in mind when they were designing their assessments. Both states spent many years working to design these customized assessments.

Amanda Lofgren added that another great feature of the interRAI is the ability for Alaska to add addendums to it to suit their needs.

Kim Champney also asked if when research was completed on the assessment tools, were there conversations with recipients and provider agencies/associations as to the satisfaction level with the interRAI from that perspective? Karli Lopez stated that she was going to ask the same question because the report they were provided today only shows a consumer experience study from New York in which 85 percent of participants were satisfied with the interRAI as their product. Karli would like more information on what the end-user experience is with this tool. Shane Spotts stated that it wasn't feasible to get true stakeholder engagement within the timelines that were laid out for this project. He believes it would be a worthwhile experience for Alaska to reach out to provider associations or advocacy organizations in those states using interRAI to see if they would be willing to survey their membership. Allison Lee suggested that one way for Alaska to get end-user feedback on this tool is to include questions on it in their consumer satisfaction surveys.

Duane Mayes stated that based on feedback SDS received when traveling out to the rural areas to introduce the concept of 1915(i) and (k), they heard loud and clear that communities are tired of organizations showing up, presenting a big concept, and then never returning to relay the outcome to the communities. He has spoken to the Trust about this, and after the implementation plan has been drafted, they plan to provide closure to those communities by going back out and sharing the implementation plan with them.

Kim Champney asked if they can get an excerpt of the actual tool so they can get a feel for the different sections that it covers. Duane Mayes stated that interRAI has a website that has a lot of links that can pull up very detailed information about the tool. He asked that all the council members and advisors go to the site to get more comfortable with what it looks like. Karli Lopez added that there is also a wealth of information in YouTube videos, but it is all presented from the provider perspective, and she can't find anything on the consumer side.

Paul Cornils asked why some states appear to be using more than one assessment. Shane Spotts stated that there is a variety of reasons states choose to use different assessment tools. It could be such things as I-T capabilities, legislative directives, or just the fact that other states aren't configured the way Alaska is in that seniors and people with disabilities are served from one division. Other states may have multiple divisions covering different populations, and various aspects of the different tools worked better for different divisions. Shane also noted that the interRAI is the only tool that has the capability to assess across multiple population types within the long-term services and supports service delivery system. Many states that were using the SIS are now finding that it doesn't meet all of their needs, and many of them are starting to look toward new tools. There is no perfect assessment tool to meet the needs of all people, but currently the interRAI is the most universal assessment tool. Duane Mayes added that the goal is to use this tool not across just the waiver system, but all the way to the end of the care continuum, nursing home care.

In summary, Shane Spotts shared HMA's recommendations in the following order:

1. interRAI
   - Only tool that is adaptable across populations.
   - Alaska's current I-T vendor already has a licensing agreement with interRAI.
   - Efficient and less costly to adopt the interRAI.
   - A lot of positive feedback about interRAI from around the country.
   - Can add addendums to customize the interRAI to some degree.
2. Washington CARE
3. MnCHOICES
   - In an ideal world, Alaska may go down the path of adapting their own assessment tool uniquely tailored to the Alaska population, but money and timelines are not allowing that to happen at this time.
4. SIS
   - Good, solid tool with high inter-rater reliability.
   - Very expensive and costly to implement.
   - Costly ongoing for the assessment costs.
   - Only for the I/DD population, so the State would have to find another tool to replace the CAT.

Shane Spotts further stated that one of the factors they are trying to finalize for SDS is the cost and timelines for implementation of the assessment tool. HMA reached out to Mediware for a sense of the implementation costs, and interRAI falls within the funding for the appropriation from the legislature that was mentioned earlier. He anticipates receiving the full figures on implementation costs as well as ongoing licensing and maintenance costs shortly.

Sandra Heffern asked how long it takes to complete an interRAI assessment. Shane Spotts believed it was one to two hours, but he will confirm that for the council.

MOTION:
Mary Schaeffer **MOVED** that they move forward but with the condition that they go back out to the communities to make sure that they really understand it, **SECONDED** by Ken Helander.

Further discussion from the council ensued. Ken Helander asked for clarification that they are talking about going back out to the communities after selection but before implementation. Duane Mayes stated that when the implementation plan has been drafted, they will need to immediately get out to the communities they visited in the beginning of this process to show them what the draft plan will look like, and a section of the draft plan will be the assessment tool itself. They will need to articulate what that tool looks like so they can get support from the communities on the selection of the tool.

VOTE:
A roll call vote was taken of the voting members of the council. The motion **PASSED,** 6/1.

Further discussion ensued during an informal polling of the advisory members. Connie Beemer would like to run the information by the long-term care members to get their input, and she would also like to review all the materials in greater depth. Marianne Mills would be interested in seeing the actual tool for older Alaskans. Denise Shelton felt that she likes what she has seen so far, but would just like further information, as does voting member Karli Lopez. Sandra Heffern encouraged all voting and advisory members to look at the interRAI website. Allison Lee added that there are also some very good studies on the Internet on the reliability of the interRAI.

DISCUSSION ON THE PROPOSED SERVICE PACKAGE

As a starting point for the council's discussion on the proposed service package for the (i) option, Amanda Lofgren stated that at the beginning of this process, it was a different environment in the state of Alaska. Initially this project was looked at to address gaps in the service continuum. Now that the State is experiencing a new fiscal climate, everyone will need to have a realistic expectation of what the (i) service package will look like and the services it will cover. Duane Mayes agreed and stated that the reality of the fiscal crisis is that they need to do what they can to bring the core foundational services under these options and hopefully add to that in the future if the State of Alaska is able to generate more revenue.

Shane Spotts said that his biggest consternation throughout this project is that HMA would somehow recommend something to the State of Alaska that would end up costing more money and would be detrimental to the overall program, so he's been very cognizant of that as they've done this work. Shane then presented the council with the proposed 1915(i) eligibility and service packages for the four targeted populations of I/DD, TBI, ADRD, and SMI. He added the caveat that these proposed packages are neither totally exclusive nor inclusive of all the potential services available. He also noted that some of what is proposed for some of the populations does not go beyond what services are currently available.

Shane Spotts explained that after they review these materials, he needs to get feedback from council members prior to the next meeting because he can't quote cost estimates until they have a defined eligibility group and a defined service package.

Shane reviewed the potential (i) service packages as follows:

Individuals with Intellectual and Developmental Disabilities

Eligibility:
A severe, chronic disability that:
- Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- is manifested before the individual attains age 22;
- is likely to continue indefinitely;
- results in substantial functional limitations in two of the following areas of major life activity:
  - self care;

- receptive and expressive language;
- learning;
- mobility;
- self direction;
- capacity for independent living;
- and reflects the person's need for a combination and sequence of special, interdisciplinary, or generic assistance, supports, or other services that are of lifelong or extended duration and are individually planned and coordinated.

Shane Spotts noted that how this eligibility differs from the current I/DD eligibility is it changes the functional limitation threshold from three to two, three being the threshold for level of care for the (c) waiver. He stated that later down the road, the State of Alaska might want to consider implementing a minimum functional threshold for eligibility for the programs to ensure that those who need the program most are the ones that can access it.

Art Delaune commented that it looks like individuals with intellectual disabilities and developmental disabilities are lumped into this whole category without regard to an IQ component. Shane Spotts stated that he will go back and look at the intellectual disability IQ threshold and see how that fits in here.

Amanda Lofgren clarified by saying that there is eligibility criteria for people receiving grant services and for individuals going onto the DD Registry, and these are the folks that are being targeted for the (i) option. The above eligibility criteria is trying to capture those individuals that are just below the threshold of Alaska's existing waiver level of care. Duane Mayes stated that January of 2018 is when they plan to roll out the (i) option specific to refinancing the Community and Developmental Disability Grant component. At the time they did the analysis, they determine that there are 936 people that are currently receiving CDDG grant services, and they would qualify for the (i) option; and if they don't qualify for the (i) option, they will be eligible for the (k) option or the (c) waiver.

Sandra Heffern asked why they would want to change to different eligibility criteria than what is already in place unless these 936 people would not meet the existing criteria. Shane Spotts then pulled up a graphic for council members that showed the statistics of the current users of the state-funded CDDG grant. He highlighted that four percent of the CDDG recipients (43 individuals) are using 50 percent of the $13 million in service dollars. He assumes this sub population would meet waiver level of care based on their ongoing and expensive needs. Shane does not recommend that any of these 43 people get placed on the (i). He suggested shifting their services to the 1915(c) waiver and trying to determine why they haven't already met level of care for a waiver. Duane Mayes stated that they have been in preliminary conversations with CMS about having a model waiver to serve these people with significant funding needs.

Kim Champney suggested that people may not meet level of care due to financial Medicaid eligibility issues, or they may have citizenship issues going on. She asked if there will be grant funds set aside for those few that cannot access the Medicaid benefits. Sara Kveum asked a similar question. Duane Mayes stated that once the CDDG grant is refinanced into the (i), there will still be a small grant component to serve those individuals.

Conversation ensued among voting members and advisors regarding serving these individuals right now under the (c) waiver, and also addressing those individuals who appear to be receiving excessive respite services that may not have their services categorized correctly. It was also suggested that the numbers will need to be rerun after taking out the significant top end users.

Shane Spotts stated that taking into consideration those excessive CDDG grant recipients, the average budget for a person on the CDDG grant, excluding case management, is $14,000 per person. The (i) service package needs to be below that to account for the woodwork effect, and there will be a limited amount of services that will be available.

Shane Spotts listed the suggested services categories for the I/DD (i) option which closely mimic the services available on the grant today:
- Chore services
- Supported living
- Supported employment
- Day habilitation
- Respite care
- Intensive active treatment.

Shane noted that the (i) isn't intended to be a robust service package similar to the 1915(c), and there will be soft caps on those services that will require prior authorization to exceed.

Denise Shelton asked why pre-employment wasn't included. Jetta Whitaker stated that they cannot add pre-vocational services until the regulations are through the process. It will be in a future amendment, but it is not in the current waiver renewal package.

Council members discussed that the decisions they make regarding the service array and eligibility criteria will be philosophical, difficult decisions that will need careful consideration.

Mary Schaeffer also shared concern for people taking up beds in long-term care facilities that could be better served by other means and allow the spaces to be freed up for the people that need the beds.

Denise Shelton asked how people found eligible for (i) services would be able to transition into a higher level of care through a (c) waiver. Amanda Lofgren noted that it is hard to answer those questions right now until they are able to structure this program.

Traumatic Brain Injury

Shane Spotts reviewed the eligibility criteria for the 1915(i) option as it relates to the service area of traumatic brain injury:
- The individual is between the ages of 19 and 64;
- is a current participant in the SDS administered General Relief Program;
- is currently involved with and was referred by Adult Protection Services;
- is determined, based upon an approved functional assessment, to require both case

management and tenancy support services to live in the least restrictive living situation;

- is determined, based upon an approved functional assessment, to need at least one of the following services:
  - Assistance with activities of daily living
  - Home modifications
  - Specialized/adaptive medical equipment
  - Transportation.

For purposes of the 1915(i), the traumatic brain injury caused a decrease in cognitive, behavioral, emotional, or physical functioning resulting in a substantial functional limitation in at least two of the following major life activities:

- self-care;
- receptive and expressive language;
- learning;
- mobility;
- self-direction; capacity for independent living;
- economic self-sufficiency;

and reflects the person's need for a combination and sequence of special, interdisciplinary, or generic assistance, supports, or other services that are of lifelong or extended duration and are individually planned and coordinated.

Shane Spotts stated that currently there aren't many state-funded programs outside of General Relief that are serving people with traumatic brain injury, and it's very problematic to design a program around so little resources. They targeted the program around General Relief in order to try to have the biggest impact, although they recognize that it does not substantially reflect the need. He stated that part of the challenge is figuring out how to pay for a robust (i) category for this population, and there just aren't the dollars available within the existing service system to pay for it.

Art Delaune questioned why this section only references traumatic brain injury and not traumatic and acquired brain injury. Shane Spotts stated that it is both traumatic and acquired brain injury.

Amanda Lofgren suggested considering people with traumatic brain injuries who are engaged in the criminal justice system. There are statistics on the number of individuals with TBIs who are in the corrections system. Shane Spotts stated that it could be considered cost savings to the State to add language in here related to transition from the corrections system. Duane Mayes suggested Shane Spotts reference the State of Alaska website to review the language in Senate Bill 91, the criminal justice bill. He believes Shane could use some of the language contained in the bill to try to realize some of the savings that might occur in another area as a result of addressing that population through the (i) option.

Duane Mayes and Amanda Lofgren stated that during a planning meeting with the Alaska Brain Injury Network, they recognized the need to have a sidebar internal workgroup to really flesh out and understand the current traumatic brain injury situation in the state. They are in the

preliminary stages of getting this workgroup formed.

Duane Mayes stated that SDS internally has to get their minds wrapped around the vast amount of information that has been provided to the council today. Shane Spotts will forward what has been put together so far, and council members were asked to review the materials in preparation for the June council meeting.

UPCOMING COUNCIL MEETINGS

The next teleconference for the Inclusive Community Choices Council will held June 3rd.

An all-day, face-to-face meeting will be held on Thursday, July 21st in the SDS training room. Karli Lopez will be unable to attend this meeting.

OTHER INFORMATION FOR THE GOOD OF THE ORDER

Duane Mayes stated that through outreach to other states that have implemented the (k) option, it was discovered that many of these states have continued to convene their implementation councils beyond the plan implementation date. He noted that HMA may come forward with a recommendation to do the same thing, but quite frankly, Alaska is not in a position to fund another council. This council may need to consider what they can do to piggyback this work onto some of the existing structure within the state.

Amanda Lofgren stated that considering the fact that this council was unable to address the service packages for the ADRD and SMI target populations during this meeting, it might be worthwhile to try to hold another teleconference before the June 3rd meeting to review the service packages and eligibility criteria.

ADJOURN

Hearing no objections, the meeting adjourned at 3:30 p.m.