

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

INCLUSIVE COMMUNITY CHOICES COUNCIL

**Approved Meeting Minutes
*Friday September 30, 2016***

Voting members:

Art Delaune, via telephone
Banarsi Lai, present
Karli Lopez, via telephone
Sara Kveum, present
Alavini Lata, via telephone
Bruce van Dusen, present
Rusty Best, not present
Ken Helander, present
Patricia Branson, not present
Cindy Shults, present
Mary Schaeffer, not present

Advisors

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

Facilitator:

Duane Mayes, SDS

Guests:

Amanda Lofgren, AMHTA,
Liz Donnelly, ABIN
Jetta Whittaker, SDS,
Kristin Vandagriff GCDSE, for Patrick Reinhart, GCDSE,
Denise Daniello, ACoA, and Sherice Cole, SDS.

CALL TO ORDER – 10:00 a.m.

WELCOME AND ROLL CALL

Roll call of voting members and advisory members was taken.

MEETING OVERVIEW

Duane Mayes briefly reviewed the history of the ICC Council, being formed as a requirement from Centers for Medicaid Services (CMS) for participation in the 1915(k) option.

Duane reminded the Council that the Health Management Associates (HMA) contract was completed as of July 31, 2016. The implementation plan was provided to SDS by HMA as the final deliverable and the ICC has reviewed those recommendations.

REVIEW AND APPROVAL OF MEETING MINUTES

Motion to approve meeting minutes from July 2016 from voting members:

Ken Helander MOVED to approve the meeting minutes from the July 21, 2016 meeting, SECONDED by Sara Kveum. Hearing no opposition to accepting the minutes as presented, the minutes were APPROVED.

REVIEW COUNCIL MEMBER ROSTER

Duane will individually contact council members to inquire about their wish to continue to serve, and will update the Membership Roster if necessary.

HMA IMPLEMENTATION PLAN REPORT/MOTIONS FOR ACTION

First Motion, 1915 i option specific to the IDD population waiver:

Kim Champney MOVED and Pat Branson SECONDED that the council decline to take action on the 1915(i) option for the IDD population waiver. Motion passed.

DISCUSSION: The council has chosen to not take action on 1915(i), but to look at other options such as the 1915 (c) supports waiver for the IDD population as a result of refinancing the IDD State grants.

Second motion, 1915 I option specific to the ADRD population

Pat Branson MOVED and Banarsi Lal SECONDED the motion that the council decline to take action on the 1915(i) option for the ADRD population. Motion passed unanimously.

DISCUSSION: In light of the information of the analysis of the impact of the 1915 i option related to cost of services, the council has decided to not pursue the Alzheimer's disease and related dementias (ADRD) 1915 i option. The Council has chosen to instead to try to achieve the same outcomes through other available options through other programs to include the possibility of a separate 1915(c) ADRD waiver. Duane recommended and it was agreed by the council to convene a Dementia care initiative work group. Before that happens, Duane suggested that

possibilities/recommendations be identified through the ICC and then sent to the dementia care work group to consider/discuss. This is a larger work group that was formed by AMHTA.

DISCUSSION ON DEMENTIA WORK GROUP PROPOSAL: Ken Helander said he is trying to advocate for more inclusion of caregiver issues and services. This is a really integral piece that helps the state save money but also protects the integrity of the client and the family. He hopes there will be an assessment tool and a care plan developed that would help identify the needs of family caregivers. The Institute of Medicine is now the National Academy of Science Engineering and Medicine. This institute released one of their landmark reports focusing on the changing face of caregiving. This report was from an extensive study on how our nation needs to put supports in place for family caregiving. The report goes over how to help people to age in place around people they know and love and will hopefully reduce premature displacement into institutional care. This is the same organization that has addressed many major health issues for decades and it is top of the line with recommendations to the public and the administration.

Art Delaune said he agrees with Ken, the senior population he deals with have mental health issues that are burning out their caregivers. These clients can't go into institutional care settings because of their aggressive behavior. He is not sure what the answer is for aging people with mental health issues. Ken stated he believes one of the reasons we have an increase of unmanageable symptoms of dementia is that we don't have specialized geropsychiatric treatment of them. Absent this, the only option is primary care and it is hit or miss; a person may or may not be properly assessed and treated. Often, the treatment is limited to medication, which compounds the problem. If people are moved from their normal setting to the Alaska Psychiatric Institute (API) or the emergency room, their symptoms are likely to get worse. Ken said he knows from experience, when dementia symptoms are addressed, the management problems are minimized. We need to have specialized providers for this. Theresa Brisky stated she agrees with Ken and would like to add that one of the other challenges is that when the mental health population ages and has dementia, it compounds the behavioral challenges. This requires a one on one environment. Part of the problem is over stimulation. To manage this, is to make the behavior manageable when everything else has failed and medication is the only answer. The

challenge with assisted living is when you get to medication and the resident won't take the medication. We don't want to use restraints.

Third motion: Targeted Case Management for the Traumatic Brain Injury (TBI) population:

Pat Branson MOVED Cindy Schults SECONDED a motion that the council decline to take action on the 1915(i) option for Traumatic Brain Injury population, and instead to pursue a plan for targeted case management. The motion passed unanimously.

DISCUSSION: Instead of taking the 1915(i) option for the Traumatic Brain Injury (TBI) population it is proposed to use a targeted case management approach. This should allow SOA to actively collect needed data in order to develop future services for Alaskans with TBI. Duane discussed the presentation he gave on 1915(i)(k) specific to the TBI population, to the Alaska Brain Injury Network Board (ABIN). The Division of Senior and Disabilities Services (DSDS) has a memorandum of agreement with ABIN. ABIN's Executive Director, Liz Donnelly is working closely with SDS. DSDS is also working with Division of Public Health Chief Medical Officer/Director, Dr. Jay Butler to entertain the implementation of a registry for TBI. The Alaska Brain Injury Network (ABIN) recently purchased a data management system and trained their staff and SDS staff on the use of that system. Targeted case management has been endorsed by ABIN. Liz Donnelly said targeted case management is a good first step.

Fourth Motion re: 1915(i) option specific to the SMI population:

Dave Branding MOVED and Pat Branson SECONDED a motion that the council decline to take action on the 1915(i) option as it pertains to those with severe mental illness. Motion passed.

DISCUSSION: Because the 1915(i) option for SMI is not financially feasible, the ICC supports the Health Management Associates (HMA) recommendation that the SDS General Relief population be addressed through the 1115 Demonstration waiver through Behavioral Health. Duane agreed to make contact with Behavioral Health Director, Randall Burns to discuss this recommendation. SDS will be involved with the writing of the 1115 demonstration waiver as services for SMI have an impact on the population referred to Adult Protective Services and to disabled persons with multiple diagnoses.

Motion for the 1915 (k) option:

A motion to include personal care services as part of a 1915(k) waiver option was considered, but by consensus of the group it was decided to postpone action on this proposal.

DISCUSSION: SDS should wait a year after the current draft PCA regulations are implemented and then look at implementing a new assessment tool that could potentially alter eligibility. There are fiscal issues and a fiscal note that needs to be updated. Allison Lee, PCA Association stated she wanted to add that there would have to be regulatory and program changes occurring pretty quickly after implementation. Of note, the k option is for the 1,600 people that we have identified that meet the nursing facility level of care (NFLOC) and who are receiving PCA services. There are 3,000 people receiving PCA that do not meet the nursing facility level of care. For the existing PCA program, unless we change everything, this issue is not going to go away.

1915(i)(k) Medicaid Reform Town Hall Meeting Schedule and Communication of Ongoing

Plans:

- Town hall web based meeting on October 19th from 3 to 5 p.m.
- SDS, working with “HCBS Strategies” has developed a power point presentation
- SDS is working on E-Alerts to notify the stakeholders and providers
- SDS has identified thirteen communities for outreach; Duane and Lisa McGuire will be holding community forums in Ketchikan, Wrangell, Juneau and Sitka.

Duane attended a National Association of States United on Aging Conference where he gave a presentation on 1915(i)(k); he also gained an understanding of how Oregon, Washington and Montana are proceeding with the 1915(i)(k) options.

Duane will consider all the recommendations that the Committee has discussed and incorporate what he can. There are fiscal restraints and restraints on staff time and resources. There is a current commitment of staff time to the implementation of the new automated service plan. SDS staff are obligated to a significant number of hours with our software contractor Medi-ware in

the process of implementing the new system. Another project in the works revolves around preparing a request to CMS for a 90/10 match to implement a new assessment tool.

Summary to the ICC meeting:

Tom Chard stated he is reminded in the field of science, it is a successful outcome if the research is tested and you can rule something out. It may be disappointing that SOA will not be pursuing any 1915(i) options, but we came together, we examined the issues, and have made an agreed upon decision to go down another path. There is value in this. Duane reported he still thinks the 1915(k) option is a good choice. Other options identified in these minutes will continue to be explored

ANNOUNCEMENT:

The time of the monthly ICC meetings will change from 10 a.m. to 12 p.m. to 11 a.m. to 1 p.m.; next meeting date is December 2, 2016.

Meeting adjourned at 12:04 p.m.