

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

INCLUSIVE COMMUNITY CHOICES COUNCIL**

**Meeting Minutes
Thursday, April 6, 2017**

Council Members:

Art Delaune
Banarsi Lal, not present
Alavini Lata
Karli Lopez
Ken Helander
Sara Kveum, not present
Paul Cornils, not present
Patricia Branson
Cindy Shults, not present
Margaret Evans

Facilitators:

Duane Mayes, SDS
Deb Etheridge, SDS
Steve Lutzky, HCBS Strategies

Guests:

Amanda Lofgren, AMHTA	Anastasiya Podunovich, SDS
Kristin Vandagriff, GCDSE	Dee Ellen Grubbs, SDS
Patrick Reinhart, GCDSE	Rodney George, SDS
Denise Daniello, ACoA	Lisa McGuire, SDS
Andrew Cieslinski, HCBS Strategies	Maureen Harwood, SDS
Ulf Petersen, SDS	

Minutes prepared by: Paula DiPaolo, Peninsula Reporting

CALL TO ORDER

WELCOME AND ROLL CALL – 11:00 a.m.

Roll call of council members was taken, and guests were introduced. Duane Mayes introduced new council member Margaret Evans.

Q&A About the New ICCC Structure

Duane Mayes discussed the new concept for ICCC meetings going forward. In order to provide

more of a voice for council members, it was suggested to hold separate ICCC meetings, one for voting members and one for advisory members. Discussion among council members determined that the council members appreciated the feedback and perspective they gained from the advisors, and it was suggested that council members be given the opportunity to listen in to the advisory member meeting. Although the first advisory meeting is scheduled to take place the day following this meeting, it was also suggested that the advisory members hold their future meetings first, thereby allowing council members the ability to gain that perspective prior to their subsequent meeting.

Deb Etheridge stated that the way the State envisions holding these meetings with council members is to focus in on one specific topic at a time to allow for thoughtful discussion on the issues from the consumer perspective. She also noted that advisory members would not be listening in to the council members' meeting.

VOTE:

Ken Helander **MOVED** to make that change, **SECONDED** by Pat Branson. Hearing no objection, the motion **PASSED**.

PROPOSED APPROACH FOR OBTAINING ICCC FEEDBACK ABOUT CFC

Steve Lutzky stated that the approach for getting feedback from council members regarding Community First Choice (CFC) will be to go step by step through each of the components and answer any questions related to each of the components and then finish up with further recommendations and input at the end.

PROPOSED CFC STRUCTURE

Steve Lutzky reminded council members that Alaska's primary goal in adopting CFC is to minimize the effect of the budget crisis by obtaining more federal dollars. The longer-term vision is to use the flexibility CFC offers and increase the range of service to give people more choices.

Proposed Eligibility Criteria and Services to be Included in the CFC:
Participants will need to meet both:

1. Financial:
 - Enrolled in Medicaid. Unlike a 1915(c) waiver, CFC cannot be used to establish eligibility.
 - Have income that is less than or equal to 150% of the federal poverty level unless they are enrolled on a waiver. If enrolled on a waiver, the income and asset limits of the waiver apply.
2. Functional: Meet Alaska's level of care criteria for any of the following:
 - Long-term care hospital or nursing facility.

- ICF/IID
- Institution providing psychiatric services for individuals under age 21 (RPTC).
- Institution for mental diseases for individuals age 65 and over.

Art Delaune asked about CFC services for individuals with traumatic brain injury or FASD. Although it was noted that CFC would not be an option for those individuals unless they met level of care, Duane Mayes stated that the Governor’s Council on Disabilities and Special Education’s (GCDSE) FASD Workgroup, in collaboration with SDS and the Trust, has been drafting a concept paper on attending to the FASD population by tapping into existing resources. SDS has also been working on some options with the Alaska Brain Injury Network separate from the CFC.

Proposed CFC Services:

1. PCA/CDPCA similar to the current program.
 - Except participants may receive a limited number of minutes if they only need supervision or cueing on a particular activity of daily living (ADL) or instrumental activity of daily living (IADL). Supervision and cueing is relatively new for Alaska and is not currently assigned time under PCA.

Patrick Reinhart questioned whether or not technology cueing an individual would fall under supervision and cueing in this aspect of PCA services, and he suggested that the design of this program should reflect these possible future solutions.

2. Current waiver services that would be possibly removed from the waiver and would fall under CFC:
 - Chore
 - Respite
 - Personal Emergency Response Systems (PERS)

Deb Etheridge added that these services would be provided by the same providers and would have the same service authorizations they currently do. She also noted that an individual does not have to be enrolled on a waiver to receive CFC services, but one can receive both waiver services and CFC simultaneously as long as the services provided don’t overlap. Steve Lutzky noted that most people would be on both.

Deb Etheridge also clarified that people will need to have an assessed need to receive the above-mentioned services in order to receive those services. An example of this would be someone only receiving personal emergency response services and not receiving PCA because there is no assessed need for PCA.

Proposed CFC Plan for Supporting Skills Maintenance and Acquisition

1. A supplement to the participant’s plan of care will identify the ADL/IADL/health-related skills the participant would like to address and the plan for addressing them if it is chosen as a person-centered goal.

2. Training for PCA workers about how to foster independence.
 - Training will evolve over time.
 - Initially YouTube/Vimeo instructional videos.
 - After CFC implementation, SDS will work with the Alaska Training Cooperative to maintain and expand training.
3. An increase in the number of hours provided for PCA for up to three months to allow these workers to spend more time fostering independence. This will be a one-time-only benefit that will only be provided if the supplement is completed.

Margaret Evans shared her concerns about PCAs receiving quality instruction through video only without any ability to assess whether or not the PCA has actually acquired the skills to foster consumer independence. Steve Lutzky stated that they are discussing involving an online test to ensure the PCA has watched the video and understood the components. Also part of this agenda is making a longer-term investment to building up the Alaska Training Cooperative to enhance the training of direct service professionals. Deb Etheridge stated that it might be beneficial to engage this council in developing the content and reviewing the training materials, and she will inform Kara Thrasher-Livingston of this suggestion.

Pat Branson shared her concerns regarding the funding of the Alaska Training Cooperative as a part of UAA because of the recent proposed cuts to university spending by the legislature. Amanda Lofgren shared that roughly 90 percent of the funding for the Alaska Training Cooperative comes from the Trust. She stated that they have been in discussions with SDS regarding potentially leveraging Medicaid administrative claiming funds to be able to enhance what they are currently doing. Amanda also noted that the Trustees are committed to maintaining the existing funding and infrastructure of the Alaska Training Cooperative.

Karli Lopez shared a concern that skills acquisition for children being taught by OTs and PTs would be left to the PCA to provide when they may not have the expertise. Steve Lutzky stated that these CFC services wouldn't change a person's ability to get other necessary OT or PT services under the state plan or the waiver, and CFC services cannot duplicate other services being provided.

Proposed CFC Plan for Voluntary Training for Participants:

- Federal requirement of the CFC.
- Participants can choose to receive training on how to select, manage, and dismiss attendants.
- Propose a similar approach as noted above with training for PCA providers:
 - Start with instructional videos developed by SDS staff.
 - Involve the Alaska Training Cooperative after implementation.

Ken Helander suggested including fraud detection and mistreatment in that training and how to report it. Margaret Evans agreed and also expressed concerns about PCA retaliation against consumers.

Patrick Reinhart suggested collaborating with the Independent Living Centers as they have been doing this type of training for many years, and they have already developed videos and brochures.

Proposed CFC Changes to How People Access HCBS:

- CFC will be added to an array of HCBS options.
- SDS's vision is to integrate access for CFC, PCA, and the waivers.
- Requires changes to the intake and triage to help people choose the best option. Will also require transforming the plan of care into the person-centered support plan.

Deb Etheridge stated that SDS has already seen a lot of success with ADRC's pre-screening for eligibility as well as options counseling. They are looking to increase the capacity for ADRCs and the STAR Programs through Medicaid admin dollars to support more staff.

Patrick Reinhart commented that Alaska is an Employment First state, and intake questions should include getting a job or skills acquisition that allow a person to keep their job. Denise Daniello added that civic engagement or volunteer opportunities should also be explored for seniors.

Steve Lutzky stated that when the supplement is drafted, they will bring it back to this council for additional feedback. Patrick Reinhart offered committees and stakeholders of the GCDSE to review the materials.

Art Delaune commented that sometimes when an individual approaches an ADRC for services, they have other pressing crises that need to be addressed before services can be considered. He suggested building in a method to ensure these people don't drop off and are followed up on after they are out of crisis. Steve Lutzky will ensure Lisa Morley and the people working on the ADRCs are provided that input.

Transforming the Plan of Care into the Person-Centered Support Plan

- CFC requires the Plan of Care evolve into the Person-Centered Support Plan. This will also be occurring with the waivers.
- This transformation will make the following changes to support planning:
 - A supplement to the current Plan of Care to include: Preference for skills training, training the participant to manage attendants, plan for back-up services, identify possible risks and plans to manage them, and questions about the participant's experience with CFC.
- Participants enrolled in CFC who choose not to also enroll in a waiver must work with a Support Plan Facilitator to assist in developing the initial and annual Person-Centered Support Plan and updating the plan. The vision is that many of the current waiver care coordinators will also serve in this capacity. The Support Plan Facilitator will be funded as a Medicaid targeted case management service.
- Waiver care coordinators will develop a single plan that integrates 14 CFC services with waiver services.

INPUT, RECOMMENDATIONS, AND FEEDBACK

Deb Etheridge and Steve Lutzky asked council members for a formal approval of this proposed plan. Overall, council members felt that this was a lot of information to process in a short period of time, but they are also interested in digging down into further details. They also agreed they would like to hear the thoughts of the advisors when they are presented this information. Steve Lutzky stated that tomorrow the advisors would be getting a presentation that would include flow charts of the processes with a greater level of detail than was given to the council for this meeting. Council members were encouraged to call into tomorrow's meeting if at all possible, and a WebEx meeting will be scheduled for this council to go over the plan in more detail at a time to be determined by a Doodle poll.

Deb Etheridge stated that with the aggressive timelines looming ahead of them, it would be helpful for council members to view training videos to give feedback and informally pilot some of this information within the community to get additional feedback.

ADJOURN

Hearing no objections, the meeting adjourned at 1:05 p.m.