

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

**INCLUSIVE COMMUNITY CHOICES COUNCIL – OTHER  
STAKEHOLDERS**

**Meeting Notes  
Friday, April 7, 2017**

Location: The Trust, Room 120  
Note taker: Andrew Cieslinski

**Attendees:** Cassandra Lynch, Dee Ellen Grubbs, Marianne Mills, Maureen Harwood, Sherice Cole, Tom Chard, Amanda Lofgren, Sandra Heffern, Allison Lee, Caroline Hogan, Deb Etheridge, Duane Mayes, Rodney George, Amanda Faulkner, Denise Shelton, Tom Chard, Melissa Heflin, Caitlin Rogers, Theresa Brisky, Karli Lopez, Steve Lutzky

### **I. Overview**

1. Information already summarized in the documents and presentations discussed during the meeting is not repeated in the notes. The notes primarily capture the ICC-OS' feedback and input.
2. This meeting was facilitated with a PowerPoint presentation, and slides from this presentation are referenced throughout the minutes.

### **II. Introductions and Overview**

1. Steve Lutzky provided an overview of the agenda.
2. ICC-OS meeting information and materials will be posted on the Seniors and Disabilities Services' (SDS) website, which can be found on slide two.
3. Amanda Lofgren from the Alaska Mental Health Trust and Steve Lutzky from HCBS Strategies facilitated the ICC-OS meetings to allow SDS staff to focus on hearing and responding to the input from the ICC-OS participants.

### **III. Vision for ICC-OS and Stakeholder Input**

1. Steve Lutzky explained that the ICC has been separated into two groups, the participants/voting members (ICC-P) and other stakeholders (ICC-OS).
  - i. The restructured April ICC-P meeting allowed for more communication from the voting members.
  - ii. The ICC-P stated that they value the input from the providers and other stakeholders because they bring a different perspective. The ICC-P requested that the ICC-OS meetings occur prior to the ICC-P meetings in the future, and that the ICC-OS meetings be open to ICC-P members.

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- iii. Duane Mayes shared that Margaret Evans has joined the ICC-P meeting as a voting member as a representative of individuals with physical disabilities.
  - iv. Duane also informed the group that Mary Schafer withdrew from the ICC-P, and SDS will be searching for an older adult representative to replace her.
2. Steve Lutzky said that a primary goal of the ICC-OS will be to understand the impact of upcoming changes on providers and work to eliminate unnecessary burden on them.
3. Steve informed the group that the ICC-OS meetings will serve as a primary mechanism for communication between SDS and the providers. The expectation is that the associations' representatives will then disseminate the information across consumers and other providers as needed.
  - i. Amanda Lofgren said that this will allow SDS and the providers to be coordinated and focused with the messaging that is going out to organizations and consumers.
  - ii. Allison Lee said that while the providers do reach many individuals, it will be important for SDS to ensure statewide communication of major issues.
4. Tom Chard said that there are many individuals with co-existing long term service and support (LTSS) needs and behavioral health issues. He asked whether behavior health would be an important consideration within the ICC-OS meetings.
  - i. Deb Etheridge said that behavioral health will not be a main focus as part of the Community First Choice (CFC) discussion. However, behavioral health's input will be very important during the development of the Limited Support Waiver (LSW).
  - ii. Deb also said that there will likely be information that will need to be shared between the 1115 Wavier meetings and the ICC meetings, and the group would greatly appreciate Tom's input.
  - iii. Tom asked that behavioral health is specifically notified for meetings where their input will be most helpful so that they can be sure to attend.

## **IV. Proposed Eligibility Criteria and Services for CFC**

1. Steve Lutzky explained that while there may be some initial increase in overall costs under CFC, the increased FMAP rate will bring more federal dollars and will result in a reduction in State dollars.
2. Steve introduced the financial and functional eligibility criteria, which can be found on slide eight.
3. Allison Lee asked whether an individual can be enrolled in CFC and a waiver.
  - i. Steve Lutzky responded yes, individuals can be enrolled in both CFC and a waiver.

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4. Marianne Mills asked why Intermediate Care Facilities for individuals with intellectual disabilities (ICF-IID) is included as a level of care (LOC) criteria under CFC but ICF for older adults is not.
  - i. Steve Lutzky said that the Centers for Medicare & Medicaid (CMS) rules do not include specific LOC criteria for ICF for older adults under CFC, while they do for IID.
5. Described on slide nine, PCA under CFC will be similar to the current system, however the service will be expanded to provide limited service hours for individuals who only require supervision and cueing for activities of daily living (ADLs) and instrumental activities of daily living (IADLs).
  - i. Allison Lee asked whether individuals who currently receive hands on care for ADLs/IADLs would receive additional hours for supervision and cueing needs with other ADLs/IADLs.
    - a. Steve Lutzky responded yes, these individuals would receive additional hours for supervision and cueing.
6. Within the service package described on slide nine, emergency response system has been included to address the CFC requirement for emergency backup supports.
  - i. Sandra Heffern asked how much the savings would be from shifting chore and respite to CFC.
    - a. Steve Lutzky said that while he did not have the exact figures in front of him, he estimated the savings to be about \$200,000.
  - ii. Allison Lee asked whether all populations would be shifted to CFC.
    - a. Steve Lutzky said yes, however there will not be much change for how people are enrolled. Most of the changes will occur on the back end when SDS enrolls the participant and providers bill for services.
    - b. Deb Etheridge explained that to prevent duplication of services, the same service cannot be offered under both CFC and a waiver.
  - iii. Marianne Mills asked about the status of the assessment tool that will replace CAT.
    - a. Steve Lutzky explained that the development and shift to the CAT replacement, the interRAI-based assessment tool, will likely begin in 2018. While SDS anticipates that the CAT will be used for the initial rollout of CFC, the Division is also planning for how the program will work when the new assessment process is adopted.

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## **V. Approach for Maintenance and Acquisition of Skills**

1. Steve Lutzky walked through the three updates that will occur to meet the federal requirements for supporting skills maintenance and acquisition, found on slide 10.
  - i. These updates include:
    - a. A supplement to the Plan of Care (POC) to identify skills the participant would like to address;
    - b. Training for PCA workers about how to foster independence; and
    - c. Limited temporary increase in PCA hours to allow workers to spend more time fostering independence
      1. Steve Lutzky emphasized that SDS will be evaluating whether more flexibility to the benefit, such as not being limited to a one lifetime increase, will be possible given the budget.
      2. Deb Etheridge said that SDS is looking at developing a separate rate for this one-time service, which will require an update to the MMIS.
      3. Allison Lee said that she is very supportive of providing additional training to PCAs. She suggested utilizing existing resources for training for PCAs and providers.
      4. Allison also said that there needs to be concrete examples of what skills acquisition is, as it is an abstract but important concept that can be overlooked. She gave the example of training for showing a participant how to manage their own ostomy.
  - ii. Sandra Heffern said that while YouTube will be helpful for high-level training, there should be time included in the plan for client-specific training, not just the training to foster independence. She said that it will be difficult to have an example and training module for every client's need.
  - iii. Denise Shelton said that she supports the training. She shared that staff are currently spending a large amount of time performing consistent electronic training to individuals, such as setting up voicemail and accessing email. She felt that the training modules could be a tremendous help to providers in addition to benefiting consumers.
  - iv. Sandra Heffern asked how providers will know if the training will be working.
    - a. Denise Shelton responded that the training will be written into Plan of Care goals, which the providers are updating, and the updates should show an improvement in areas where training occurred.
    - b. Deb Etheridge said that continuous quality improvement (CQI) is an important consideration moving forward. SDS is currently developing the CQI measures, and will identify other opportunities to develop these performance metrics

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- v. Allison Lee asked whether the training would be limited to tasks that services are provided for.
  - a. Steve Lutzky said that the CMS rules state training will be provided for ADLs, IADLs, and health related tasks, so potentially the training would not need to be limited.
  - b. Steve also explained that the assessment redesign will be a crucial point in expanding the ability of the Support Plan to reflect the individual's goals beyond the current service offerings.
    - 1. Allison Lee and Sandra Heffern said that while looking beyond the current service offerings will be a shift, they welcome the person-centered process.

## **VI. Approach for Providing Voluntary Training to Participants**

- 1. Steve Lutzky explained that a member of the ICC-P identified that many of the materials for training participants identified on slide 11 already exist in the independent living world.
  - i. Allison Lee said that it is the agency's responsibility to train individuals, however currently there is not a consistent way for staff and individuals to train and be trained.
    - a. Steve Lutzky encouraged Allison and the rest of the group to share training materials they have found especially useful for training participants and areas where there is not training available with SDS.
    - b. Deb Etheridge emphasized that this training does not supplant the agency's responsibility to train individuals, rather it is intended to be a supplement. She also agreed with Steve that SDS' training unit would welcome outside resources.
  - ii. Sandra Heffern said that residential care has a consumer handbook that includes training and may be a valuable resource.
    - a. Allison Lee said that she would be happy to share the handbook with SDS.
  - iii. Denise Shelton said that there will need to be effective training for consumers on how to manage staff and the responsibilities that come with it.
    - a. Rodney George shared that an ICC-P group member had a similar concern and was happy to hear training on this topic would be developed.

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## **VII. Changes to Access Under CFC**

1. Steve Lutzky walked the group through the process flow on Slide 13 titled *Draft Access Process for ALI, APDD, & CFC*.
  - i. Steve noted that the process flow has been updated since the presentation was originally sent to the group. An updated version of the presentation that includes the new flow will be distributed in the near future.
2. Steve said that HCBS Strategies will begin developing the Person-centered Intake (PCI) updates, described on slide 14, after the April site visit.
3. Allison Lee said that she thought it would be important to have the PCI conducted in-home. She said that the home visits are crucial, and if agencies are not providing appropriate referrals and the resulting home visits are determined to be inappropriate, the referring agencies should be trained on when and how to refer.
  - i. Steve Lutzky said that the PCI serves the role of triaging individuals who are calling an agency for intake and referral (I&R) vs. those who should be receiving and in-home assessment. As a result, it would not be appropriate to have all PCIs conducted in-home.
  - ii. Allison Lee said that she understood, but did not want to lose the value and understanding that the home visits provide simply because of staff capacity.
  - iii. Deb Etheridge said that SDS is working with the ADRCs to obtain Medicaid federal financial participation (FFP) funds. Some of these funds may be used to improve staffing capacity.
4. Sandra Heffern said that there are many reforms occurring around care management, and asked how CFC would ensure to not duplicate those efforts.
  - i. Deb Etheridge said that this topic would be a focus later in the presentation, however a major focus of the CFC effort is to avoid duplication. SDS is specifically looking at how to avoid duplication with care coordination and case management.
  - ii. Steve Lutzky added that it would be helpful to have members keep the ICC-OS informed about the other care management redesign efforts.

## **VIII. Updates to Support Planning and Care Coordination**

1. Steve Lutzky provided an overview of the process for transforming the Plan of Care (POC) into the Person-centered Support Plan. This information can be found on slide 15.

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2. Steve explained that SDS is working with Harmony on automating the entire access and support planning process.
  - i. The new projected implementation date is January 2018, and until that time there cannot be updates to the existing forms. This has resulted in the development of the Plan of Care (POC) supplement to reflect necessary updates under CFC.
  - ii. The POC and POC supplement will be integrated into the Person-centered Support Plan through three phases:
    - a. Phase 1- Prior to the Harmony automation, both the POC and supplement will be paper based.
    - b. Phase 2- The POC will be automated and the supplement will be paper based.
    - c. Phase 3- Both the POC and supplement will be automated.
  - iii. HCBS Strategies will be developing a draft version of the supplement in the next month.
  - iv. Allison Lee said that her agency has a similar form, which they call the *Consumer Plan for Health and Safety*.
    - a. Steve Lutzky said that it would be very helpful for Allison to share this form with SDS and HCBS Strategies.
  - v. Denise Shelton asked whether the Person-centered Support Plan would include service hours.
    - a. Steve Lutzky responded yes, the Support Plan would have to include State Plan and Waiver services.
3. Steve Lutzky then moved on to present slide 16, which provides information on the changes to Care Coordination.
  - i. Sandra Heffern asked how many individuals would qualify for CFC who are not on a waiver.
    - a. Deb Etheridge said that during initial review there were about 160 individuals, but SDS anticipates that this number might be lower because some of these individuals might select a waiver.
    - b. Deb explained that the one-time fee currently billed to the care coordinator will transform under CFC to targeted case management (TCM). She also explained that TCM under CFC would look different than care management, as it would be less intensive.
  - ii. Allison Lee had a concern about the provision of care coordination in rural and remote Alaska under CFC. She said that the rate will need to reflect the difficulty of getting to these individuals.
    - a. Deb said that SDS could consider using tele-coordinating or other alternatives with these individuals to help providers decrease costs.

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- b. Steve added that it may make sense to have individuals in these areas who require more intensive care coordination to not move to TCM under CFC so that they can continue to receive the more intense level of coordination.
- iii. Denise Shelton asked whether there would be a flat rate for providers completing the POC or if it would be billed in 15-minute unit.
  - a. Deb Etheridge explained that this decision was still being discussed.
- iv. Denise also asked whether the individual would receive a set amount of 15 minute units.
  - a. Deb explained that SDS is working with the Office of Rate Review, and currently they are tentatively looking at a capped amount of 15 minute units.
- v. Denise identified that the change in role with TCM from the traditional PCA model will require more training for service coordinators to understand the new responsibilities.
- vi. Allison Lee asked whether the CFC Care Coordinator would be responsible for service amendments.
  - a. Deb said that right now SDS is developing the regulations and the specific methodology for TCM.

## **IX. Approach for Certifying Providers**

1. Steve Lutzky used slide 17 to facilitate the discussion on the proposed approach for certifying providers.
2. Steve explained that SDS is trying to make it as simple as possible for current providers to be certified for CFC. SDS is currently planning to address the additional PCA training requirements for skills building using attestations.
  - i. Allison Lee said that she likes the idea of addressing the training requirement through attestation. She said that the current certification process is burdensome, and the attestations will be a good way for agencies to address this.
    - a. Allison said specifically that the burdens in the certification process are driven from the policies in the operations manual that need to meet the regulations, which are overly specific.
    - b. Allison provided the example of her agency recently going through a recertification with no operational changes but they still had to make updates because the regulatory interpretation was different at that time.



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- ii. Amanda Faulkner said that with accreditation there is often conflict between the provider and regulatory body requirements that do not allow agencies to obtain accreditation and certification in the same way.
  - a. Allison Lee asked whether this means that policies and procedures contradict one another.
    - 1. Amanda Faulkner responded that typically the requirements are semantically different but regulatorily similar. This results in policies and procedures being so complicated that provider agencies have issues interpreting the information.
- iii. Sandra Heffern said that if there are agencies that are nationally accredited, they should not have to go through the certification process. She suggested replacing certifications with attestations.
- iv. Deb Etheridge said that while SDS appreciates the feedback, they will not be able to change the certification process prior to the implementation of CFC.

## **X. Brief Overview of the Limited Supports Waiver (LSW)**

- 1. Duane Mayes offered the group the opportunity to ask questions about the LSW.
- 2. Amanda Faulkner said that she had a concern about capacity for care coordination under the LSW.
  - i. Deb Etheridge said that the shift from grant to waiver funding/services will require careful analysis and updates. This includes the assurance that there is not a conflict of interest.
  - ii. Deb informed the group that SDS is also looking at ways to decrease the burden on care coordination through mechanisms such as telehealth. SDS has not landed on any decisions, but realize that capacity is potentially an issue.
  - iii. The following issues related to implementing the LSW were discussed:
    - a. Enhancing care coordination capacity
    - b. Ensuring compliance with CMS HCBS rules notably conflict-of-interest and HCBS Settings
    - c. Working with participants and their representatives to shift them from grant funding to waiver funding as quickly as possible.
  - iv. Duane Mayes emphasized that SDS will look to the provider organizations to provide suggestions on how to increase capacity.
- 3. Allison Lee asked whether there could be an organization that employs targeted case managers/care coordinators for case management as needed.

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- i. Deb Etheridge said that SDS is looking at prior authorizing care coordination as a service, so the amount of flexibility that SDS would be able to provide is still unclear.
4. Denise Shelton said that in addition to the issues around staffing capacity, there will also be additional administrative burden when enrolling more individuals.
5. Amanda Lofgren wrapped up the conversation by saying that a future ICC-OC meeting will focus specifically on the LSW.

## **XI. Input, Recommendations, and Feedback**

1. The group was supportive of the separation that has occurred through the ICC-P and the ICC-OS, and felt that it facilitated better conversation.
  - i. Steve Lutzky said that the ICC-P requested to hold the ICC-OS meeting first so that they could listen in and use that conversation to facilitate their meeting.
    - a. The ICC-OS did not have any objections to this request.

## **XII. Next Steps**

1. Amanda Lofgren said that there was no next meeting date set, but SDS and The Trust are hoping to find time in late May to meet with the ICCs again.
2. The updated presentations will be sent out within the next week so that providers can share these updates with their teams.