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

INCLUSIVE COMMUNITY CHOICES COUNCIL-OTHER STAKEHOLDERS

Meeting Minutes
Thursday, May 18, 2017

Attendees: Cassandra Lynch, Amanda Lofgren, Sandra Heffern, Allison Lee, Caroline Hogan, Deb Etheridge, Amanda Faulkner, Denise Shelton, Kara Thrasher-Livingston, Melissa Heflin, Cheri Herman, Lynne Keilman-Cruz, Maureen Harwood, Jetta Whittaker, Jenny Murray, Lisa Morley, Martin Morris, Lizette Stiehr, Duane Mayes

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. The presentation can be found using the following link:
https://drive.google.com/file/d/0B_FNUnc6VCqqTElVMXFTN1dVdHc/view?usp=sharing

II. Updates to Community First Choice (CFC)
1. Deb Etheridge reported that SDS and HCBS Strategies have made tremendous progress developing the framework for CFC. SDS has also been meeting regularly with Kurt West to develop the CFC regulations.
2. Deb provided a summary overview of the proposed framework and changes under CFC.
    i. SDS has decided to remove respite care from the CFC service package. After an in-depth analysis of individuals who meet the Institution for Mental Disease level of care (IMD-LOC) criteria, SDS found that expanding the availability of respite care under CFC may negate budget neutrality.
        a. Whether to include respite care in the CFC service package will be re-evaluated after the initial roll out.
    ii. Allison Lee asked whether this would be the last opportunity for stakeholder input on CFC.
        a. Deb responded that SDS will be seeking input on additional changes to Targeted Case Management (TCM) under CFC.

3. Steve Lutzky reported that draft versions of the Person-Centered Intake (PCI) and Person-Centered Supplement have been developed and will be presented to the stakeholders soon.
4. Allison Lee encouraged SDS to build in ongoing skill building training.

III. Overview of New IDD Waiver & Services to Be Included

1. Maureen Harwood provided an overview of the new IDD waiver, with the working title of IDD-I (slide 5). The IDD-I waiver will replace the supports and services currently provided through the Community Developmental Disabilities Grant (CDDG).
2. Maureen reiterated that the primary goal in adopting the new IDD waiver is to minimize the effect of the budget crisis by obtaining more federal dollars (slide 4).
3. The supports and services under IDD-I will be similar to those offered under the CDDG. However, since IDD-I will be a 1915(c) waiver, it will provide a range of services up to an individual cost limit.
4. Maureen explained the vision of the redesigned waiver process (slide 6).
    i. The new waiver is the IDD-I waiver, and the current IDD waiver has the working title of the IDD-II waiver.
        a. Lynne Keilman-Cruz clarified that there will not be new services offered through these waivers, just different service amounts.
        b. Lynne also stated that CFC can be an option in addition to the IDD-I and IDD-II waivers.
    ii. Maureen Harwood explained that the DDRR will continue to be the access process for the IDD waivers.
    iii. Sandra Heffern asked how assessors will identify individuals who should enroll in the IDD-I and IDD-II waivers and how they would be assigned to the appropriate waiver.
        a. Maureen reported that the assessment and person-centered plan will result in person-centered goals. The types of supports and services that will be needed to meet these goals may provide guidance for the appropriate waiver.
        b. Steve Lutzky added that a more specific methodology is currently being developed by SDS.
5. Next, Maureen Harwood discussed the eligibility criteria for the IDD waivers (slide 7).
    i. Maureen emphasized that individuals will need to update their DDRR to get on the Registry to transition from the CDDG funded programs to the IDD-I wavier.
    ii. Maureen reported that the ICAP will remain the evaluation tool.
    iii. Sandra Heffern suggested eventually having one agency be the access point for these services to improve coordination.

       a. Deb Etheridge reported that to build capacity to support this type of coordination, the Short-Term Assistance & Referral (STAR) programs are already drawing down Medicaid administrative funds. Amanda Lofgren said that the Aging and Disability Resource Centers (ADRCs) are learning from the STAR administrative claiming model to also build this capacity.

       b. Amanda Lofgren said that in Kenai, the ADRC and STAR have merged as one agency. She suggested that this trend will likely follow in other parts of the state that may not have capacity to support both entities.

   iv. In addition to creating the PCI for the ADRCs, SDS will also be updating the STAR intake form to provide informed choice to all individuals about the new programs.

       a. Sandra Heffern said that the current STAR grants have caused individuals to develop relationships with certain providers, and this may create a conflict of interest.

          i. Maureen Harwood responded that independent care coordination will be critical in addressing this potential conflict of interest by informing participants about all their options.

6. Maureen Harwood provided an overview of the proposed services offered under the IDD-I wavier (slide 8).

   i. Maureen explained that the IDD-I will be a cost-capped waiver.

   ii. Maureen noted that the term intensive active treatment, which is used in the IDD community, is now named time-limited therapy services under the IDD-I program.

   iii. Jetta Whittaker clarified that the existing package of supported employment is what will be offered under the IDD-I.

IV. Vision for how the Registry, two IDD waivers, and CFC will work together

1. Allison Lee said that there is a knowledge gap across agencies and care coordinators. She said that it will be important to have the same information and processes across these entities. She asked whether there would be a required training or care coordinator service process.

   i. Lynne Keilman-Cruz said that there will be an additional component added to both the personal care services (PCS) and care coordinator pieces of the CFC training to coordinate activities.

2. Steve Lutzky said that it will be a challenge to coordinate across the agencies and assessment processes. SDS will continue to work to minimize the burden on the participant.

3. Maureen Harwood clarified that an individual who meets eligibility would be able to access both PCS and waiver services.
   i. Deb Etheridge said that SDS will need to notify all individuals who are potentially eligible for PCS.
4. Denise Shelton asked who would be responsible for service planning for CFC.
   i. SDS explained that it is anticipated that if an individual is accessing waiver services, the care coordinator would develop the service plan.

V. Changes to Care Coordination

1. Maureen Harwood provided an overview of the anticipated impact of CFC and the IDD-I wavier on Care Coordination (slide 9).
   i. Because there will be a lower amount of individualized funding available, SDS is looking at changing the amount of care coordination that is required and how it will be billed.
   ii. Allison Lee stated that the less resources someone has available to him/her, the more case management he/she will need.
       a. Lynne Keilman-Cruz said she generally agreed, however some participants have natural supports and would not require constant contact with their care coordinator.
   iii. Amanda Faulkner asked whether a family member could serve as a care coordinator.
       a. Steve Lutzky said that this may be problematic under CFC due to more stringent federal requirements.
   iv. Sandra Heffern said that for care coordination, SDS should consider a per member per month contract that would provide flexibility for individuals with differing needs for service coordination.
       a. Steve Lutzky said that this may be problematic, as some agencies may not have enough participants to spread the funds equitability. Additionally, there are agencies where the "best" care coordinators would have the most complex cases and the amount of time would not be shared across participants.
   v. Allison Lee asked whether care coordinators would also be required to coordinate PCS.
       a. Lynne Keilman-Cruz said that there will be an option for care coordinators to bill for completing the support plan under CFC, and then also can bill for waiver care coordination. Under this framework, there will need to be an assurance that services are not duplicated.
       b. Deb Etheridge said that SDS is still working out how TCM and care coordination would be structured and billed.
       c. Allison Lee recommended that SDS talk with providers and care coordinators to ensure everyone is on the same page moving forward.

VI.   Individual Cost Limits
1. Maureen Harwood provided an overview of the individual cost limits under the IDD-I waiver (slide 11).
    i.   Maureen Harwood said that letters informing individuals about updating their DDRRs have been sent to individuals who have received or currently receive wavier services; individuals not on the DDRR but who have received grant services since 2016; and others who may be potentially eligible.
        a. In the latest letter, SDS informed individuals that DDRRs should be updated by July 2017.
    ii. Lizette Stiehr asked whether all individuals on the Registry would be eligible to receive services through the IDD-I.
        a. Jetta Whittaker said that if participants, including current grant participants, do not have identified need according to the DDRR, they may not be able to enroll in the IDD-I.
        b. Maureen Harwood said the IDD-I will be the new access point for the IDD-II waiver.
    iii. Maureen asked the group what factors should be considered when determining how to apply the cap limits.
        a. Lynne Keilman-Cruz clarified that the core purpose of the waiver is to target individuals for services when they need them the most.
        b. Denise Shelton said that while the caps are helpful, having an assessment tool such as the interRAI that has the needs based algorithms is more helpful in justifying budgets to families.
        c. Denise suggested looking at level of supervision and behavioral intervention.
        d. Lizette Stiehr said that family circumstances, including availability of supports and caregivers, will be important. She also suggested using criteria that is applied to pull people off the Registry.
        e. Sandra Heffern said that the interRAI seemed to remove the subjectivity from the care coordinator, however she understands that the interRAI will not be in place for the IDD-I and that alternative criteria will need to be developed in the interim. She suggested moving backwards from the interRAI and adopting the resource allocation methodology for this process.
            i.   Steve Lutzky said that interRAI has strong resource allocation algorithms for older adults and individuals with physical disabilities. However, the IDD algorithms are newer and not as well developed.

f. Sandra Heffern said that care coordinators used to do a 24-hour schedule to better understand the type and amount of services and supports the participant may need.

g. Jetta Whittaker suggested that SDS share the criteria that they had developed

    i. Maureen Harwood and Lynne Keilman-Cruz said that SDS has considered transition status; behaviors (including interaction with law enforcement); availability of unpaid supports; and availability of other funding sources, such as DVR and WIOA.

h. Allison Lee asked whether the "stepped-up" level was the current IDD waiver.

    i. Maureen Harwood said no, the "stepped-up" amount is the maximum cap for the IDD-I wavier.

    ii. Allison then asked how SDS obtained the numbers for the "baseline" and "stepped-up" caps.

        a. Jenny Murray explained that SDS used the CDDG data on service and support utilization and cost.

        b. Jetta Whittaker said that SDS also looked at grant data from SAMS and applied Medicaid rates to develop these estimates. The $30,000 was the high end of utilization, and individuals who would need to exceed this amount would likely need the IDD-II.

i. Allison Lee asked if care coordination would be part of the cap.

    i. Jetta Whittaker said that SDS is evaluating how this would work since all individuals would be required to receive care coordination.

j. Amanda Faulkner asked whether participants would be able to receive additional hours beyond what may be currently available, if their budget allowed.

    i. Jetta Whittaker said that the regulatory limit would apply to all waiver services.

    ii. Maureen Harwood said that SDS will look at this as they develop the regulations for the IDD-I.

    iii. Steve Lutzky said that this may allow SDS to frame the IDD-I as more flexible.

k. Lizette Stiehr said that 1) medical fragility and complexity, 2) behaviors, and 3) least restrictive services and supports would be important factors to consider for the "stepped-up" criteria.

l. Amanda Lofgren said that life changes/transitions will also be important to consider.

iv. Sandra Heffern suggested that rather than having two caps for the IDD-I (baseline and stepped-up), to just have a cap near the middle that will provide flexibility in the event of a change.

    a. Steve Lutzky stated that this additional funding could possibly be used to open new slots on the IDD-II waiver.

    b. Amanda Faulkner said that SDS will need to be careful if a single cap is chosen. She suggested $15,000, as this would provide adequate weekly services for many individuals.

    c. Lizette Stiehr said that the two levels of caps make sense to her. She said there are more services and supports available for children (e.g., EPSDT, IDEA), so they will likely need less IDD-I services.

        i. Allison Lee said that PCS may also help alleviate the need for IDD-I services.

v. Lizette Stiehr requested that the IDD-I Support Plan and funding request be much simpler than the IDD-II.

    a. Maureen Harwood said that SDS will be looking into this.

    b. Steve Lutzky said that it may make sense to have a simpler process for participants requesting the baseline amount than for participants requesting "stepped-up" services.

VII. Addressing Settings Requirement

1. Lynne Keilman -Cruz gave an overview of the HCBS settings requirements (slide 10).

    i. SDS plans to notify care coordinators of compliant settings, likely via postings on the SDS website.

    ii. Lynne said that while the settings requirement implementation date has been extended, SDS has been given guidance by CMS to continue the current trajectory and obtain compliant settings sooner rather than later.

    iii. Cheri Herman said that SDS will be contacting providers very soon to ensure that the settings will be compliant.

VIII. What's in a Name

1. Maureen Harwood said that SDS wanted to obtain feedback from the ICC-OS about the name of the new waivers currently titled IDD-I and IDD-II (slide 13).

    i. The IDD-I was originally rolled-out as the Limited Supports Waiver, however SDS did not want to market this level of service as "limited".

    ii. Jetta Whittaker also clarified that SDS wanted to distinguish that these waivers were intended to be a "step-up" for individuals who need more services.

2. Allison Lee suggested avoiding the word community, and Sandra Heffern suggested avoiding service.

    i. Sandra Heffern suggested Individual Support Waiver.

    ii. Steve Lutzky proposed modifying the language to Individualized Support Waiver.

IX. Input, Recommendations, Feedback, and Next Steps
1. Jetta Whittaker said that public comment about the IDD-I waiver will occur in August 2017. SDS will need to submit the waiver package to CMS by October 1, 2017 for approval for a proposed effective date of January 1, 2018.
     i. Jetta said that she has concerns that the ICC-OS would not meet again until July 2017, and this may not allow for adequate feedback prior to public comment.
     ii. Steve Lutzky suggested having a smaller group provide feedback via email or web-enabled call.
         a. Maureen Harwood said that they could consider this.
     iii. Amanda Lofgren said that the State group will be having a debrief this afternoon following the ICC-P meeting, after which they will send out next steps.
2. Allison Lee expressed the need for SDS to have a plan addressing Care Coordinator capacity and coordination across agencies.
3. Amanda Faulkner asked when the assessment and Plan of Care process should be started so services do not lapse.
     i. Deb Etheridge said that SDS is looking to conduct level of care determinations prior to approval of the waiver.
     ii. Maureen Harwood said that participants can get their packets together now, and Lynne Keilman-Cruz reminded the group that the determination will need to occur within three months of enrollment.
4. SDS will follow-up with additional dates and topics of conversation for the next meeting.