

July ICC-OS Meeting Minutes

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

INCLUSIVE COMMUNITY CHOICES COUNCIL-OTHER STAKEHOLDERS

**Meeting Minutes
Thursday, July 13, 2017**

Attendees: Allison Lee, Deb Etheridge, Amanda Faulkner, Denise Shelton, Kara Thrasher-Livingston, Melissa Heflin, Lynne Keilman-Cruz, Maureen Harwood, Jetta Whittaker, Jenny Murray, Lizette Stiehr, Duane Mayes, Lisa McGuire, Denise Daniello, Dee Ellen Grubs, Loranza Reynolds, Dennis Murray, Art Delong, Karli Lopez, Ken Helander, Ric Nelson, Banarsi Lal, Caitlin Rogers

I. Overview

1. Duane Mayes welcomed the group and provided an overview of the agenda.
2. Minutes from the May ICC-OC meeting were approved by the group with no comments or additional changes.

II. Updates on LTSS Reform Efforts

1. Deb Etheridge said that SDS staff and HCBS Strategies have worked together to develop a Systems Change Glossary document that provides descriptions and definitions for the specific changes and terminology that will occur as part of the LTSS Reform effort.
 - i. The Glossary has been internal to SDS to this point, but will now be shared and discussed with the ICCs. After this discussion, SDS plans to upload the document to their website.
 - ii. Deb walked through the Glossary and reviewed terms and definitions with the group.
 - iii. Deb explained that SDS is planning on expanding the types of services being provided by Care Coordinators (CC). The Glossary document contains a more detailed explanation of how this will work. Because some of these options will be provided to people who are not enrolled on a waiver, such as participants who choose to only enroll in Community First Choice (CFC), some of the new options will be using a new State Plan Option, Targeted Case Management (TCM). SDS anticipates that current CCs will also bill the new TCM options.
2. Deb Etheridge provided an update on the State Plan Amendment (SPA) for the CFC application.

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- i. SDS has submitted a draft SPA to the Centers for Medicare & Medicaid Services (CMS). CMS provided feedback two weeks later, and SDS and CMS met on Tuesday, 7/11, for the first discussion of the draft.
 - ii. CMS has provided generally positive feedback during the 7/11 meeting. The feedback largely focused on reducing the level of detail and including those specifications in regulations and policies and procedures.
 - a. SDS took the tactic of being thorough in the SPA so that CMS would have a comprehensive picture of how the State was approaching CFC.
 - iii. Duane Mayes added that CMS appeared impressed with the SPA and the progress SDS has made.
 - iv. SDS is considering removing chore from CFC and keeping it in the waivers.
 - a. CMS provided feedback that under CFC, chore workers must not only be *capable* of completing chore tasks but also have to be *willing* to complete the tasks. Deb Etheridge and Steve Lutzky explained that this could result in large increases in expenditures, as the current standards require only that the chore worker is capable.
 - b. Lynne Keilman-Cruz said including chore in CFC creates operational challenges, such as altering billing in the MMIS and certifying providers.
3. Deb Etheridge acknowledged that the original deadline for CFC, July 1, has passed.
 - i. Deb said that while the deadline has passed, SDS has been working hard on CFC while trying to coordinate the ISW and other projects that will need to be implemented in a similar timeframe with a limited group of SDS staff.
 - a. SDS have been working closely with the Governor's Office to ensure they are aware of the updated timeframes.
 - ii. Duane Mayes said that SDS knew that the original deadline imposed by the legislature was very aggressive. While SDS has been doing their best to meet the deadline, they are working to have CFC implemented in the next 6 months.
 - iii. Jetta Whittaker reported that the regulations for CFC are nearly fully drafted and ready to be submitted to CMS.
4. Deb Etheridge explained that under CFC, individuals will have the option to receive skill building training to become more independent with ADLs and IADLs for which they require supervision and cueing. This level of support need is a departure from the current hands-on help requirement.
 - i. Deb emphasized that while PCS under CFC will be similar, the new service will be called CFC-PCS.
 - ii. Deb said that Kara Thrasher-Livingston is also working on training for CFC and the changes to PCS to ensure that SDS is prepared for the rollout of CFC.

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5. Denise Daniello asked what the phrasing in the Glossary of “or replace the need for hands on assistance” under the CFC definition meant.
 - i. Deb Etheridge explained that this was the mission of CFC. SDS is working to address this goal through 1) training offered to the participant and 2) assistive technology and remote monitoring.
 - ii. Duane Mayes said that SDS is working with the Trust to develop a demonstration project to collect data on the impact of assistive technology on HCBS costs.
 - a. The initial pilot funding will be for 2018-2019. Duane explained that if the pilot has positive results, the goal would be to continue to work to increase the available funding.
 - iii. Allison Lee suggested changing this phrasing to “reduce” the need for hands on assistance rather than “replace”.
 - iv. The CMS regulations use the phrase expenditures that “substitutes for human assistance, to the extent that expenditures would otherwise be made for the human assistance.” Thus, the term reduce would also be consistent with CMS guidance.
6. Deb Etheridge reviewed the skill building personal care services that will be offered under CFC.
 - i. Lynne Keilman-Cruz said that SDS is building off requirements being added to the PCS regulations to minimize additional burden on providers related to implementing the skill building training.
 - a. Lynne explained that one change under the new PCS regulations will be the requirement for providers to have a program administrator.
 1. The program administrator will be charged with training agency staff on skills building.
 2. SDS is exploring the costs of training the program administrator on skills building.
 - ii. Amanda Faulkner asked whether the “one time” skill building frequency was one time a year or one time in a life time.
 - a. Lynne Keilman-Cruz clarified that under the current plan, skill building would be available one time in a participant’s lifetime.
 - b. Allison Lee had concern that the 3% increase would not be sufficient to help the participant meet his/her goals.
 1. Steve Lutzky explained that the 3% increase was developed based on modeling of current service utilization in the DS3.

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2. Allison suggested a change to the language so that it was 3% unless there was additional justification.
 3. Lynne Keilman-Cruz said that the State will be closely monitoring the use of this training. SDS is open to increasing the available amount if funding and utilization allow.
 4. Allison emphasized that she would suggest having an exceptions process.
- iii. Ric Nelson asked whether the skills training could be applied to only one task for the participant's lifetime. He clarified that participants often have more than one task they would like assistance with, so the benefit should allow for more than one skill.
- a. Deb Etheridge clarified that while it is a one-time benefit, the participant can receive training on more than one task during that period.
 - b. Steve Lutzky added that the PCS worker could continue to use the skills training he/she received during the skill building period to continue to train the participant.
 - c. Duane Mayes emphasized that SDS will be reevaluating this service to see if it could be expanded based on utilization and funding.
7. The next topic Deb Etheridge reviewed within the Glossary was the Person-Centered Intake (PCI).
- i. Steve Lutzky said that since the PCI was presented at the May ICC meetings, SDS and HCBS Strategies have finalized the tool and are now working to implement it within the Mediware system for testing.
 - ii. Allison Lee asked whether SDS has considered that capacity to support the influx of CFC participants using PCS may not exist with the current provider network.
 - a. Deb Etheridge said that capacity and enrollment are major parts of the current conversation. She explained that SDS anticipates that most enrollees will be individuals who are already in working with a CC under a waiver. However, she agreed that there will be a small number of additional people, approximately 100, for whom a CC will need to develop a Support Plan.
 - b. Steve Lutzky added that there will be two sets of notices informing people about the CFC option.
 1. Steve further explained that as part of the transition, participants currently receiving PCS will be enrolled in CFC as part of the renewal process. Individuals who are interested but not currently receiving PCS will need to go through the Intake and Assessment process.
 - c. Duane Mayes said that SDS has received four non-permanent Health Program Manager II positions to support the system reform work

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8. Deb Etheridge then moved the discussion to the Person-Centered Supplement portion of the Glossary.
 - i. Deb explained that the Supplement and the current Plan of Care (PoC) will be used to develop the Person-Centered Support Plan.
 - ii. The plan is for the Supplement to be incorporated into the Medidata system.
 - iii. Deb said that there will be a Supplement role play on Friday, 7/14, that is open to the ICC groups and CCs. SDS has not received any attendance confirmations from the ICC groups.
 - a. Ric Nelson said that he would like to participate.
 - iv. Steve Lutzky added that the work on broader reform of the Assessment and Support Plan (A/SP) will occur as part of the September ICC meetings.
 - a. These discussions will include the goals and objectives for the A/SP.
9. Deb Etheridge briefly walked through the remaining sections of the Glossary, which include a brief description of the levels of care included under the reform effort and the new committees and workgroups.

III. Follow-up on Individualized Supports Waiver (ISW) Waiver

1. Maureen Harwood explained that after the May ICC meetings, SDS put out a poll to finalize the name for the new waiver for individuals with intellectual and developmental disabilities (IDD).
 - i. The poll resulted in naming the new waiver the Individualized Supports Waiver (ISW).
2. Maureen explained that the Community Developmental Disabilities Grants (CDDG) are going away, and the ISW is being implemented as a mechanism to serve individuals who are currently receiving services under the grant.
 - i. She clarified that the ISW will be open to a wider audience, not just those currently receiving CDDG.
 - ii. The services under the ISW will be a subset of those offered under the current IDD Waiver.
 - iii. The DRRR, ICAP, and level of care process will remain the same as the IDD waiver.
3. Maureen Harwood said that in the May ICC meeting, the ICC groups suggested moving away from the proposed two cap approach for the ISW and just use one cap.
 - i. Maureen said that after careful exploration, SDS decided that one cap would be the optimal approach.
 - ii. The single annual cap under the ISW will be \$17,500 and the cost of Care Coordination is not included as part of the cap.

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4. Denise Daniello asked what the average amount per individual is under the CDDG program.
 - i. Steve Lutzky said that the modeling revealed that the average cost per participant was \$9,057.
 - ii. Steve explained that one caveat for the modeling is that the State does not have the cost for the number of service units, as providers do not all bill units in the same way.
 - a. For the purposes of cost modeling, the number of service units were multiplied by the Medicaid rates to obtain a per unit cost.
 - b. It was also clarified that the service cost modeling included geographic differential.
 - iii. Deb Etheridge said that there are other factors that needed to be considered when developing the cap, such as the 1) spending outliers and 2) changes to the structure and cost of services offered under CDDG that are shifting to the ISW.
 - iv. Denise Daniello said that the cap felt like a potential increase for most individuals, and expected people to be happy about this announcement.
5. Jetta Whittaker said that the \$17,500 cap does not mean that all participants will receive the full amount. Participants will need a Support Plan with rationale to explain the requested amount.
 - i. Jetta said that SDS hoped providers would help participants utilize supports that will allow them to meet person-centered goals but not overspend.
6. Deb Etheridge explained that there will be an emergency one time increase of \$5,000 in excess of the cap.
 - i. Maureen Harwood explained this fund will be an additional amount intended to address emergencies that occur to the person's health and/or safety that would allow him/her to remain in the community.
 - a. Maureen said that the name for this fund is still being developed, but SDS is considering emergency, crisis, or safeguard.
 - ii. Steve Lutzky explained that the cost modeling assumed that about 100 people per year would use this emergency fund.
 - iii. Deb Etheridge said that SDS is still discussing whether this would be a one-time or ongoing benefit.
 - iv. Allison Lee asked whether these funds could be used for transition services.
 - a. Deb said that SDS had not explored that, but could discuss.
 - v. Maureen Harwood said that SDS is still developing criteria for when the emergency fund could be used.

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7. Maureen Harwood said that the goal is to implement the ISW by January 1, 2018.
 - i. Maureen said that SDS is anticipating that the ISW regulations will be similar to the current IDD waiver.
 - a. SDS has already begun work on these regulations.
 - ii. Jetta Whittaker explained that SDS anticipates that the draft regulation development and ISW public comment period will be co-occurring.
 - a. The goal is for public comment to begin in August.
 - iii. Denise Daniello asked whether 300% of SSI eligibility criteria will remain for the ISW.
 - a. Jetta Whittaker said yes, the 300% SSI will continue to apply.
8. Maureen Harwood explained that the ICAP will remain as the primary assessment tool during the implementation period.
9. Deb Etheridge said that SDS will be developing reserve capacity for individuals on the ISW who may have health and safety issues that would result in them needing to enroll in the IDD waiver.
 - i. Maureen Harwood said that the methodology for this transition is still being developed.
10. Lynne Keilman-Cruz said that for certification, ISW providers will largely be the same as those currently serving under individuals enrolled in the IDD waiver.
 - i. To make the certification process as easy as possible, providers currently certified for the IDD waivers will also be certified for the ISW.
 - ii. Rebecca Faulkner asked whether there would need to be a recertification.
 - a. Lynne said that while the details are still being finalized, SDS is hoping to avoid the need for recertification at the onset of the ISW.
 - b. Lynne clarified that if an agency just wants to serve ISW clients, they would need to be separately certified.

IV. Proposed Changes to Care Coordination under CFC

1. Deb Etheridge used the Care Coordination table in the Glossary to facilitate this discussion.
2. Deb explained that the information on Care Coordination is in draft form and has not been approved, however SDS felt it was important to bring to the ICCs. The driving rationale for developing TCM under CFC was to make the CFC easier for CCs to manage billing.
3. Deb Etheridge explained that there will be reimbursement for all applications under TCM.
4. The major difference will be for CFC only participants, who will now receive a Support Plan and there will be reimbursement for this service.
5. Deb said that under CFC there will not be a requirement for monthly contact. Instead, the participant could request updates to her or his Support Plan.

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- i. Deb explained that only months where updates to the Support Plan occurs should be billed, rather than the flat \$119/month every month under the current structure.
 - ii. Participants who need more assistance from a CC would be recommended to enroll in a waiver.
6. Allison Lee asked whether the ongoing monitoring would be included under TCM.
 - i. Allison said if so, this would be a shift. She explained that currently, any coordination that happens for PCS services, regardless of whether the participant has Care Coordination, falls under the purview of the PCS agency.
7. Ric Nelson asked whether the Support Plans for CFC and wavier could be combined into one form so the CCs do not have to do twice as much work for individuals enrolling in both.
 - i. Deb Etheridge said that the goal would be to have one plan across both programs, known as the Person-Centered Plan.
 - a. Deb explained that this is a complex piece to implement because of how the Mediware system is set up.
8. Denise Shelton asked whether a CC would be in charge of plan amendments for PCA.
 - i. Lynne Keilman-Cruz said that this level of coordination across s and PCS still needs to be developed.
 - ii. Allison Lee emphasized that the expectations for CCs and PCS agencies need to be made very clear so there is not duplication of service or conflict of interest.
9. Steve Lutzky said that while Margaret Evans' was not able to attend the ICC meeting, she called him to emphasize the crucial role CC's play in helping participants understand forms and processes and ensure that the participant's voice is reflected in their plans and helping them access supports beyond waiver services that allow them to remain in the community.
 - i. Margaret also emphasized that SDS should do everything they can to support CC's in being prepared to fulfill their responsibilities.

V. Proposed Changes to Care Coordination under ISW

1. Maureen Harwood reiterated that Care Coordination is not included in the \$17,500 cap under the ISW.
2. Maureen said that the expectation for ISW Care Coordination is that CCs need to perform less monitoring because of the lower level of need of ISW participants relative to IDD waiver participants.
 - i. As a result, SDS would expect that CCs would be able to handle more ISW participants on a case load.
 - a. Maureen emphasized that while there will be less contacts, the contacts will still need to meet the same quality and support standards.

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3. Maureen Harwood explained that the Care Coordination procedure code will be different for ISW.
4. Jetta Whittaker said that a major goal of decreasing the level of monitoring will be that the participant is taking control of the services.
5. Allison Lee asked whether SDS has recently reviewed Care Coordination capacity.
 - i. Lynne Keilman-Cruz said that this has not recently occurred, but could likely be completed through a survey.
6. Amanda Faulkner asked whether TEFRA could be added to the Glossary table.
 - i. Lynne Keilman-Cruz said that SDS has considered TEFRA, but still needs to work with DPA to discuss and realize any changes.

VI. Input, Recommendations, Feedback, and Next Steps

1. The next ICC meetings are anticipated to occur on Thursday, September 21.
 - i. Steve Lutzky said that SDS will be presenting less during the September meetings and be looking more for discussion and input around the Assessment and Support Planning process.
2. Duane Mayes said that SDS is working with Mediware to realize the reform changes on the automation level.