

July ICC-P Meeting Minutes

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

INCLUSIVE COMMUNITY CHOICES COUNCIL- Participants

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

Attendees: Deb Etheridge, Lynne Keilman-Cruz, Jetta Whittaker, Jenny Murray, Duane Mayes, Denise Daniello, Dee Ellen Grubs, Art Delaune, Karli Lopez, Ken Helander, Ric Nelson, Caitlin Rogers, Banarsi Lal, Pat Branson, Alavini Lata

I. Overview

1. Duane Mayes welcomed the group and provided an overview of the agenda.
2. Minutes from the May ICC-P meeting were approved by the group. Ken Helander moved to approve the minutes, and Banarsi Lal seconded the motion.

II. Updates on LTSS Reform Efforts

Systems Change Glossary

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.

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2. Deb Etheridge provided an update on the State Plan Amendment (SPA) for the application for CFC.
 - 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.
 - a. SDS is attempting to get the SPA preliminarily approved by CMS so that it only needs to go out for public comment once. If the SPA goes out for public comment and is then updated by CMS, the updated version has to go through another round of public comment.
 - 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.
 - iii. 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.
 - iv. Ric Nelson said that he recently attended a conference in Oregon where he was told that the 1915(k) (CFC) reduced natural supports and relied heavily on services.
 - a. Ric clarified that the person he spoke with was not considering natural supports as part of the support plan development.
 - b. Lynne Keilman-Cruz said that the State would expect others in the house who are able to perform chore function to perform those functions. The willing vs. capable language that CMS needs to clarify could significantly add to the overall costs.
 - v. Denise Daniello said that she felt it was important to be able to include chore under CFC. She said that it is a crucial service and should not go away.
 - a. Deb Etheridge clarified that if chore does not move to CFC it will be left in the approved waivers.
3. Ken Helander asked about Duane Mayes' comments around the use of technology during the ICC-OS meeting.
 - i. During the morning ICC-OS meeting, Duane Mayes said that SDS is working with the Trust to develop a demonstration project to collect data on the use of assistive technology on HCBS costs.
 - a. Pilot funding will be for 2018-2019, and if this goes well the goal would be to continue to work to increase the available funding.

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- ii. Deb Etheridge and Duane Mayes clarified that assistive technology will not be part of CFC immediately. However, through the demonstration of utilization and cost savings during a pilot period funded by the Trust, SDS hopes to be able to include technology under CFC.
 - iii. Denise Daniello added that the Governor's Council recently evaluated assistive technology that is available for the ADRD population that could help people live more safely at home and were very impressed with available technology.
 - iv. Ken emphasized that technology is an area that is always changing, so the future CFC technology service will need to be able to be dynamic.
4. Deb Etheridge reviewed the skill building personal care services that will be offered under CFC.
- i. 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.
 - a. Deb emphasized that while PCS under CFC will be similar, the new service will be called CFC-PCS.
 - ii. Ken Helander asked whether there will be a menu of identified tasks that participants can receive skill building training for.
 - a. Lynne Keilman-Cruz said that while SDS has not developed the specific definitions and tasks, the training will need to be related to services that already exist in definition.
 - b. Karli Lopez said that she agreed with Allison Lee's comments during the ICC-OS meeting where Allison stated that the 3% funding increase for 3 months for skills training may not be sufficient to meet participant's training needs.
 - 1. Steve Lutzky said that the majority of individuals fall between 10-30 service hours per week. This would result in expenditures of around \$286,000 at the 3% level, so the State is treating the 3% level as a starting point from which to evaluate.
 - c. Ric Nelson asked whether this training was intended to replace the training provided by participants who want their own workers to know how they like tasks to be performed
 - 1. Lynne Keilman-Cruz said this skill building service would not supplant the training the participant provides to his/her staff.

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5. The next topic Deb Etheridge reviewed 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. The major thrust of the effort is to enable participants to have choice about services and programs regardless of where they enter the system. The PCI will be used by the ADRC to help meet this goal.
6. Next, Deb Etheridge discussed the Person-Centered Supplement.
 - 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 Mediware 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.
 - iv. Steve Lutzky added that the work on the 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.
7. 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.
 - i. SDS has an internal quality improvement workgroup called the QIW-CC, and also has action committees to support program access, support coordination, service enhancement, and quality improvement.
 - a. Work that occurs in the action committees is brought to the QIW-CC.

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

1. Caitlin Rogers 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. Caitlin Rogers 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.

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3. Caitlin Rogers said that in the May ICC meeting, the ICC groups suggested moving away from the proposed two cap approach for the ISW and just using one cap.
 - i. Caitlin said that after careful exploration, SDS decided to adopt the recommendation of one cap.
 - 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.
4. Deb Etheridge added that the providers who serve under ISW must be Settings compliant because it is a new 1915(c) waiver.
5. Deb Etheridge explained that there will be an emergency one time increase of \$5,000.
 - i. Caitlin Rogers explained that this 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. Caitlin said that the name for this fund is still being developed, but emergency, crisis, or safeguard.
6. Ric Nelson asked how SDS will be conducting assessments for people who qualify for the ISW.
 - i. Caitlin Rogers explained that the process will mirror the current process under the IDD waiver. People will receive the DD eligibility determination, be assessed through the ICAP, put on the DRRR, and then enrolled off the DRRR.
7. Deb Etheridge asked the group how SDS could better perform outreach to ensure individuals receiving CDDG grants funds get on the DRRR so they can transition to the ISW.
 - i. Art Delaune asked whether participants had been requesting assessment updates so that they could get on the DRRR and transition without interruption.
 - a. Caitlin Rogers said that initially SDS had concerns about individuals failing to respond to notifications. However, after the second and third round of notifications SDS has seen a significant increase in contacts.
 - b. There are around 25% of people responding who had not previously been on the DRRR.
 - ii. Art Delaune asked whether SDS has analyzed who of the individuals with recent DRRR scores have been determined to be eligible for the ISW.
 - a. Caitlin Rogers said that while she does not have the exact number, SDS has begun to look at individuals with qualifying diagnoses to anticipate need.

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8. Ric Nelson asked what will happen to people who do not qualify for ISW or CFC services but still need help.
 - i. Duane Mayes said that SDS is working on a way to serve those individuals, however SDS is not prepared to release specifics.
 - ii. Ric said that he frequently gets asked this question and would appreciate details to appropriately respond.

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 draft and has not been approved, however SDS felt it was important to bring to the ICCs.
3. Steve Lutzky explained that the driving rationale for developing TCM under CFC was to make the CFC easier for CCs to manage billing.
4. Deb Etheridge explained that there will be reimbursement for all applications under TCM.
5. The major difference will be for CFC only participants, who will now receive a Support Plan.
6. Deb Etheridge said that under CFC there will not be a requirement for monthly contact unless the participant is also enrolled in a waiver. Instead, the participant could request updates to her or his Support Plan.
7. Karli Lopez mentioned that she agreed with Allison Lee's comments from the ICC-OS meeting about whether ongoing monitoring would be included under TCM.
 - i. Karli explained that Allison said that it would be a shift if ongoing monitoring was included under TCM. Allison had 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.
8. Lynne Keilman-Cruz explained that SDS is developing the methodology for the responsibilities and coordination between Care Coordinator and PCA agencies for individuals receiving PCA.
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.

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10. 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.
 - ii. Jetta Whittaker reported that the regulations for CFC are nearly fully drafted and ready to be submitted to CMS.
 - iii. Ric Nelson asked whether there would be an opportunity for more than 30 days for public comment on CFC.
 - a. Deb Etheridge said that SDS has been working closely with stakeholders so that the public comment period can be short. This will allow people to enroll in services expeditiously.

V. Proposed Changes to Care Coordination under ISW

1. Caitlin Rogers 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. Caitlin emphasized that while there will be less contacts, the contacts will still need to meet the same quality and support standards.
2. Ric Nelson asked how Care Coordinators will be paid if a participant enrolls in both CFC and a waiver.
 - i. Lynne Keilman-Cruz explained that the Care Coordinator will have to bill under only one of the payers. There cannot be duplication of services, including Care Coordination.

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.
3. Duane proposed to have Ric Nelson replace Patrick Reinhardt on the ICC-P. This was a result of Ric's tremendous contribution and Patrick's increasing responsibilities.
 - i. Karli Lopez seconded this.