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

INCLUSIVE COMMUNITY CHOICES COUNCIL-OTHER STAKEHOLDERS
Meeting Minutes
Thursday, September 21, 2017

Attendees: Amanda Faulkner, Denise Shelton, Mellisa Heflin, Lynne Keilman-Cruz, Maureen Harwood, Jetta Whittaker, Jenny Murray, Lizette Stiehr, Duane Mayes, Lisa McGuire, Art Delaune, Ric Nelson, Allison Lee, Sarah Kveum, Sandra Heffern, Deb Etheridge, Lisa McGuire, Paul Cornils, Jenny Murray, Cheri Herman, Lisa Morley, Moli Atanoa, Rodney George, Pat Branson, Denise Daniello

I. Overview
1. Duane Mayes welcomed the group, took roll, and provided an overview of the agenda.

II. Overview of Draft Plan for Building New Assessment and Support Planning (A/SP) Process
1. Steve Lutzky reported that SDS has heard the feedback from the ICC that meetings should provide updates on existing efforts and also allow members to provide input on how new and upcoming efforts should progress.
    i. Steve explained that one of the purposes of today's meeting is to obtain input about the goals and objectives for changing Alaska's Assessment and Support Planning (A/SP) process for long term services and supports (LTSS).
2. Steve Lutzky first reviewed the proposed work plan for changing the A/SP with the group.
    i. The draft work plan has two major components: 1) figuring out how to integrate the interRAI tools into the assessment process and 2) develop farther reaching changes that will result in an assessment and support planning process that better responds to participant's preferences and the State's needs.
    ii. In 2016 the ICC voted to adopt the interRAI as a replacement for the Consumer Assessment Tool (CAT). This change will require SDS to figure out how to switch from the CAT to the interRAI-HC to 1) establish whether someone meets the Nursing Facility Level of Care (NFLOC) that is used to establish eligibility for both nursing facilities and most of the waivers; and 2) assign Personal Care Services (PCS) hours.
        a. To better understand the impact that the shift to interRAI will have on NFLOC determinations and scoring for PCS hours, SDS, HCBS Strategies, and the University of Michigan (UofM), who manages the interRAI, will be piloting the tool in late 2017 and early 2018.
        b. The results of the pilot are expected to be presented to the ICC in spring of 2018, and SDS is anticipating that interRAI Home Care (HC) will go live in the last half of 2018.
3. Steve Lutzky explained that SDS is looking for feedback from the ICCs about the goals and objectives for the A/SP so that they can identify workflows that help achieve those goals. These workflows will include interRAI items and additional items and guidance.
    i. After today's meetings, HCBS Strategies and SDS will be working to develop an A/SP work flow and plan to present this to stakeholders in late 2017.
        a. Steve explained that the workflow will identify high level areas that should be included in the A/SP.

    ii.   After the workflow is revised based upon feedback from the stakeholders and the State, the workflow will be expanded to include frameworks for how each of the elements will be operationalized.

    iii.   HCBS Strategies will review the overall framework with stakeholders and SDS and incorporate their input.

    iv.   After the overall framework is complete, HCBS Strategies will work with Mediware (the contractor who oversees the Harmony system) to determine how the framework can best be integrated within the Harmony system. HCBS Strategies anticipates that this will result in changes to the framework. This process will also include developing the specific guidance and items to be included in the final A/SP process.

    v.   After the Harmony integration is complete, SDS will present the draft process to the stakeholders.

    vi.   Sandra Heffern asked where the ICAP fits within the flow that Steve Lutzky described.

        a.   Deb Etheridge explained that there are two primary drivers that will affect the timing of A/SP implementation, and therefore the replacement of other tools: 1) the capacity of the Mediware system and 2) the contents of the interRAI-HC and its ability to build on other interRAI modules, such as the ID.

            1.   Lisa McGuire explained that SDS will be rolling out the interRAI-HC first. After SDS learns about the tool and how it will operate in the field, they will explore how to roll out the interRAI for individuals with intellectual disabilities (ID).

            2.   Maureen Harwood added that changing the level of care (LOC) tool for individuals with IDD to the interRAI-ID while adding the Individualized Supports Wavier (ISW) and Community First Choice (CFC) would have been very challenging.

            3.   Lynne Keilman-Cruz added that the Mediware project has been a huge undertaking, and interRAI has been timed for an implementation date that will allow Mediware to manage all of the components the State is asking for.

        b.   Duane Mayes said that SDS is very aware of the change fatigue that the providers and stakeholders are feeling, and the State is experiencing it as well. He said that staging the rollouts is anticipated to make the changes more manageable.

4. Allison Lee asked whether the interRAI is intended to still be used for resource allocation.

    i.   Lisa McGuire said that the initial interRAI pilot will involve assessing with the CAT as well as using a subset of the interRAI-HC flagged for LOC by the UofM team.

        a.   After the pilot, UofM will be looking at how the interRAI-HC items replicate the CAT items that are currently used to determine LOC and calculate PCS hours.

        b. Steve Lutzky added the determinations will still be made by the CAT during the pilot.

    ii.   Lynne Keilman-Cruz clarified that the development of the resource allocation methodology will occur after the State has received data that will allow it to conduct sufficient analyses.

5. Amanda Faulkner suggested that the changes SDS is making to the LTSS system make sense to incorporate into the DD vision that is currently being developed.

    i.   Duane Mayes explained that SDS leadership has been attending the DD visioning meetings and is attempting to collaborate as much as possible so there is not the duplication of efforts.

    ii.   Amanda Faulkner added that it may be good to have the DD visioning team join the ICC.

        a.   Sandra Heffern agreed with Amanda, and added that imbedding the foundational philosophies of the DD vision beyond the DD system would be very helpful.

6. Duane Mayes asked Amanda Faulkner to provide a brief overview of the DD visioning effort.
   i. Amanda explained that Kim Champney has been leading the effort to envision how changes to the DD system should occur. DD providers and advocates have acknowledged that the system needs to allow participants to direct their own services so that they can have more flexibility and autonomy.
   ii. Amanda said that the DD visioning team is providing feedback across five categories, including how changes may impact participants and opportunities for change to the overall system.
   iii. Lizette Stiehr added that the visioning group is looking at how to better incorporate natural supports into the provision of services.

III. Input on High Level Goals for New Assessment and Support Planning (A/SP) Process

The bolded/underlined feedback within this section identify portions of the discussions that provide specific goals and objectives for the A/SP process. The input from both ICCs and other stakeholders will be summarized into a single document that will be used to guide the development of the A/SP workflow.

1. Steve Lutzky noted that the discussion on the DD Visioning initiative suggests two goals for the A/SP redesign:
   i. **Make the process more person-centered**
   ii. **Incorporate natural supports into the overall process**
   iii. Council members strongly agreed with these goals
2. Steve then displayed the two questions SDS wanted the ICC-OS to respond to. The first was, "How should the new A/SP process work? How should it not work?" and the second was "What are the goals that you would hope would be achieved by changing the A/SP process". The following notes capture responses to both questions.
   i. Allison Lee said that finding out what is important to individuals is critical.
   ii. Ric Nelson add to Allison's feedback, saying that he has been through many assessments that focus on what he cannot do rather than his goals and what is important to him.
      a. Ric added that this focus on deficits decreases participant's self-esteem and creates an environment in which participants are afraid to admit that anything is wrong.
      b. Steve suggested that this could be translated into a goal for the **A/SP redesign to incorporate strengths as well as deficits**. Ric endorsed that goal.
   iii. Sandra Heffern asked to talk about the boundaries around A/SP that the Centers for Medicare & Medicaid Services (CMS) have established, such as whether an assessment and plan have to happen in-person every year.
      a. Steve Lutzky said that the level of care would need to be validated on at least an annual basis or when there is a significant change in need.
      b. Steve also said that the CMS Person-Centered requirements contain detailed concepts in the rule, such as discussions employment, and more vague concepts, such as the participant leading his/her plan. SDS is balancing this guidance in the changes it is looking to make.
      c. Duane Mayes asked Moli Atanoa to speak to the changes that have been made to help address State and Federal requirements.
         1. Moli said that the experience of managing the backlog of individuals needing determinations for PCS and NF-LOC has allowed SDS to make process changes to maintain the change.
         2. Deb Etheridge added that telehealth has been especially helpful in serving all individuals and meeting the CMS requirements.

iv. Allison Lee said that she felt that the current Support Planning process is very inflexible and does not adequately assist participants with meeting goals. She said that she would like to have PCS and community services better integrated in planning.

v. Amanda Faulkner said that there is a fear among providers that if the Plan of Care (PoC) is not completed correctly, the person will not receive services.

    a. She said that the number of goals and tasks that need to be included to receive specific services is cumbersome.

    b. Amanda added that there is also worry that individuals who need services are seeing a significant reduction in hours because of this process.

    c. Ric Nelson said that he agreed, and added that when he goes through an assessment for PCA services he is afraid of losing services because he needs those services to work. He said that SDS needed to find a process where participants feel comfortable sharing strengths and accomplishments rather than hiding them out of fear of losing services.

        1. Steve Lutzky said that this discussion suggested that the **A/SP process measure strengths and accomplishments**. Councilmembers agreed with this.

    d. Steve Lutzky said that it would be helpful for SDS to understand what is not allowing the current Assessment to come up with the correct assignment of hours.

        1. Amanda Faulkner responded said that it often depends on the State reviewer for the case. Reviewers can be inconsistent in their determinations and significantly impact individual's hours through these inconsistencies.

            i. Steve Lutzky suggested that a goal could be for **A/SP process including the review of plans to be as transparent as possible for Care Coordinators and participants**.

        2. Sandra Heffern said that it is a challenge that the assessment is limited and the support plan is expected to be comprehensive. She said it would help to **make the assessment comprehensive and have the support plan pull out specific elements so that there is more transparency with reviewers**.

        3. Amanda said that another issue is that the timeframe for approval can range from 6 weeks to 3 months. A goal should be to **shorten the timeframe for review and approval**.

vi. Sandra Heffern said that while she wants to have consistency and inter-rater reliability for reviewers. She would like to see a process that is less standardized to allow for more person-centeredness.

    a. Steve Lutzky said that the interRAI assessment items have established reliability and validity. However, for reviewers to have a better idea of what is occurring within the case and for improving person-centeredness within the Support Plan, it will be helpful to also have justification via text boxes.

vii. Allison Lee asked whether **risk mitigation and dignity of risk** would be included as part of the plan.

    a. Steve Lutzky said that while the plan has not yet been built, these are anticipated to be important components to include.

viii. Amanda Faulkner said that in-depth training for person-centered goals would be critical. She said that she would like to have statewide training around developing goals, with an emphasis that more goals is not always better.

    a. Amanda added that while maintaining goals is acceptable, **the same goals should not be repeated every year.**

ix.   Amanda said that she has seen the most successful plans be produced when **Assessors and Care Coordinators go out together**. She would like to see this happen more often.

x.   Denise Shelton said that she has had to coach people to ensure that they share what it is actually going on so that they can get adequate services. She often sees individuals try to hide their struggles, and as a result lose hours that they need.

xi.   Denise Shelton also said that when individuals live alone it is very hard to get them on the waiver. She wants to make sure that natural supports are considered in the new process.

   a.   Steve Lutzky said that in addition to **capturing natural supports**, he is hearing that having the ability to **capture assessor feedback about areas not adequately addressed in the assessment** will help create a more accurate and person-centered process.

xii.   Amanda Faulkner said that the paperwork that is required is very cumbersome and often does not make sense to complete for individuals. She said that she would like to see the **paperwork redundancies reduced.**

   a.   Steve said that he is hearing that SDS and HCBS Strategies should evaluate existing paperwork to determine what can be consolidated within the new A/SP process.

xiii.   Denise Shelton said that she would like to see the **ability to capture the needs of the natural support in the A/SP** so that caregivers can continued to be supported in providing care

   a.   Steve said that interRAI has a new caregiver tool that is currently being finalized. The State team has not seen the caregiver tool, but will discuss including once they obtain a copy.

xiv.   Allison Lee said that she does not feel that the State has **adequately assessed or served individuals with dementia needs**. She would like to see these individuals better included in the new A/SP.

xv.   Sandra Heffern said that another consideration will need to be **balancing compliance with a person-centered approach**.

   a.   Steve said that the quality assurance process could help evaluate the level of compliance

IV. Updates on HCBS Settings, ISW, CFC, TCM

1. Cheri Herman said that the SDS team has assessed over 900 settings, and roughly 130 are ISW settings. SDS will be notifying providers soon about the need for remediation so that all will be in compliance at the onset of the ISW waiver.

   i.   Allison Lee asked whether all providers, including PCS providers, will need to go through compliance review under this process.

      a.   Cheri said that all providers would need to go through compliance review, and Allison recommended messaging this to providers so that they can prepare.

2. Lynne Keilman-Cruz said that SDS needs help getting the word out about the systems changes, including settings, waivers, and other topics discussed during ICC meetings.

   i.   Allison Lee said that she would encourage providers not familiar with these concepts to join their provider association, as these topics are discussed at nearly every meeting.

   ii. Lizette said that AADD has a newsletter, and they would be happy to include SDS messaging in it if SDS would provide them with a blurb.

   iii. Ric Nelson said that if SDS would like to send information to self-advocates, he has a broad network he communicates with and he would be happy to share information with them.

3. Deb Etheridge said that there is a communication plan that has been developed, and from this SDS is developing plain language materials to share with individuals who do not need to know all of the intricacies of the efforts.

4. Maureen Harwood reported that the ISW is moving forward and SDS has notified 110 individuals about the new waiver. In the notification, participants received information about how to enroll in the waiver and associations that provide support with enrollment.
    i. SDS is drawing individuals for the IDD and ISW from what appears for consumers as a single waiting list so that participants can select to remain on the waiting list for IDD while receiving ISW services.
    ii. SDS will be following up with all identified potential participants, and will also allow people receiving grant services around 30 days from notification respond to the notification.
        a. Lizette Stiehr asked whether the 30-day response timeframe means that individuals have 30 days to respond, not to enroll.
        b. Maureen said that Lizette is correct, and SDS was looking for responses that individuals are taking action to enroll.
5. Deb Etheridge said that while SDS would like to implement the ISW, CFC, and targeted case management (TCM) incrementally, these programs will all be rolled out at the same time in response to legislative timeframe requirements. The regulations will all be released for public comment at the same time, and Deb also explained that there will be State Plan Amendments (SPAs) for TCM and CFC out for review.
    i. All four of the waivers will also be out for public comment at the same time because of the need to remove personal emergency response services that are being pulled into CFC.
    ii. Ric Nelson asked when regulations would be out for public comment.
        a. Deb said that they are anticipated to be released in mid-October.
        b. Deb also clarified that SDS is anticipating that March 1, 2018 is the expected implementation date for CFC, ISW, and TCM.
    iii. Duane Mayes explained that there will be a public forum to discuss the LTSS systems change and its impact on participants. This meeting will occur on October 4th from 6-8p at the Special Olympics gym.
        a. Lizette Stiehr asked whether providers were invited. Duane responded yes, however SDS will be managing the meeting to ensure that participants have a voice.
    iv. Jetta Whittaker added that SDS is planning to hold a Webex with similar content on October 5th for individuals unable to attend the in-person meeting.
6. Deb Etheridge provided an overview of CFC. She explained that a major change will be providing training to support individuals with skills acquisition.
    i. SDS has been speaking with CMS about having capacity to auto enroll individuals in CFC so that there can be seamless transition for individuals receiving PCS.
    ii. Deb said that there is still ongoing work on the specific details around implementation of CFC.
7. Deb Etheridge next moved to the discussion around TCM.
    i. Deb explained that under CFC an individual must receive a support plan even if they are not enrolled in an HCBS waiver. Deb said that this has necessitated the development of a new funding source, TCM, for support planning.
    ii. Under targeted case management the Care Coordinator will bill for Initial Application for potential participants applying for CFC and/or a Waiver.
    iii. The lower expectation for contact will be reflected in the rate for TCM and also in the caseload expectation for Care Coordinators with TCM clients.
        a. Deb said that SDS has begun assessing the ability for Care Coordinators to take on TCM clients. The State expects that reducing the requirements for contacts for TCM clients will allow Care Coordinators to take on more participants.

V. Input, Recommendations, Feedback, and Next Steps
1. Duane Mayes will review inviting members of the DD visioning effort to the ICC meetings.
2. Duane said that he will be working to update the terminology on the website so that it is consistent with the messaging going out to the ICC and other stakeholder groups.
3. The next ICC meeting will tentatively be held in mid-November.