

September 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, September 21, 2017**

Attendees: Angie Gerken, Tiffany Ruby, Lynne Keilman-Cruz, Maureen Harwood, Duane Mayes, Lisa McGuire, Art Delaune, Ric Nelson, Deb Etheridge, Lisa McGuire, Paul Cornils, Ulf Petersen, Jetta Whittaker, Jenny Murray, Cheri Herman, Lisa Morley, Moli Atanoa, Rodney George, Denise Daniello, Dee Grubbs, Kara Thrasher Livingston, Stephanie Griffin

I. Overview

1. Duane Mayes welcomed the group, took roll, and provided an overview of the agenda.
2. The minutes from the July ICC meeting were approved, with a note of amendment to the spelling of Art Delaune's last name, which was reported as Delong.

II. Overview of Draft Plan for Building 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 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 further 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.

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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.
 - ii. Steve explained that the workflow will identify high level areas that should be included in the A/SP.
 - iii. 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.
 - iv. HCBS Strategies will review the overall framework with stakeholders and SDS and incorporate their input.
 - v. 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.
 - vi. After the Harmony integration is complete, SDS will present the draft process to the stakeholders.
 - vii. Steve Lutzky said that the A/SP workplan will include roughly bi-monthly ICC meetings, so stakeholders will be heavily involved as the A/SP moves forward
4. Art Delaune asked for clarification between Harmony and Mediware
 - i. Duane Mayes explained that when SDS originally bought its automation product, the company that operated the system was called Harmony. Two years after implementation, Harmony was bought out by Mediware. The term Harmony is still used to describe the product that was originally purchased by SDS.
5. Denise Daniello said that the Senior Grants Program uses SAMS, which is another Mediware product, and asked if there would be an interphase between SAMS and Harmony.
 - i. Lisa Morley said that right now, information can be transferred between SAMS and Harmony, however it is limited.
 - ii. Duane Mayes said that SDS uses both Harmony and SAMS, so they also would like to see this ability to have communication between the two systems.
6. Ric Nelson asked who can access the Mediware system and whether there will be a requirement for the direct service providers to use the same system.
 - i. Lynne Keilman-Cruz said that originally, SDS thought they would be able to open the Mediware System to all providers and participants. However, as development has occurred and SDS better understands the limitations of the system, SDS has had to limit access to Care Coordinators, client administrators, ADRCs, STARs and SDS staff.
 - a. There will be specific permissions given to users based upon the information that they need to see to coordinate services.
 - ii. Ric asked how the system is person-centered if participants are not able to access it.
 - a. Lynne said that the automation development has been a massive undertaking, and while SDS wanted to grant permission to all individuals it will likely not happen in the next few years. Instead SDS is granting permission to individuals the participant should be directing, such as agency staff and Care Coordinators, in order to support person-centeredness.

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- b. Lynne said that there were also concerns around privacy and HIPPA if SDS opened the system to all participants and service providers. She said that SDS will need to work with Mediware to figure out how these concerns can be addressed so participants can securely access their information.
 - c. Ric said that he has a concern that some Care Coordinators and other staff would not want participants to know what is being said about them or where the process is at in the overall system, and he would like participants to have access for their own information and for accountability.
 - d. Ric Nelson asked whether a person could contact SDS to request a faxed or emailed version of their file.
 - 1. Lynne Keilman-Cruz said that in order to protect participant's information, SDS will continue to require that file reviews occur in-person.
 - e. Paul Cornils said that while he understands the challenges of giving all participants access to their records, but he suggested that there are operational workarounds that can provide a similar level of transparency.
 - 1. Paul said that his agency uses collaborative planning with the individual and families. Through this process, nothing goes into the participant's plan that is not approved by the participant, outside of required fields.
 - 2. Paul added that his agency will be implementing a new personal health record (PHR) system that will require that all documentation is reviewed and approved by the participant for whom the plan was developed.
 - f. Steve Lutzky said that he is hearing that a goal for the new system would be to have **more immediate access to personal files and information** in the automated system. The stakeholders agreed.
7. Duane Mayes asked if the Governor's Council was sharing the LTSS system change information that was being discussed during the ICC meetings, such as the Individualized Supports Waiver (ISW) and Community First Choice (CFC), and if so, what feedback they were receiving.
- i. Ric Nelson said that the Governor's Council has discussed the ISW, and he will bring the A/SP information back to the members.
 - ii. Ric there is fear about what will happen to individuals currently receiving grant funds who do not qualify for the ISW.
 - iii. Art Delaune said that there is also concern about the availability of training to support individuals who want to lead their own plans.
 - a. Ric said that the Governor's Council will be holding a self-advocate summit in late September. The summit includes sessions on how to self-advocate during the Plan of Care (PoC) process.
 - b. Ric recommended that SDS makes a PoC training available for all individuals receiving CFC and waiver services. He said that there are many participants who do not know what a PoC is, how to run the PoC meeting, or what services can or need to be included in the PoC.
 - c. Kara Thrasher-Livingston said that she is already having dialogue with individuals at the University's LEND program to train people about developing PoCs, and she will add how to lead a meeting to their discussion.
 - d. Maureen Harwood said that SDS is working to provide training on a variety of topics to as many participants as possible, and added that there are other training resources available.
 - 1. Maureen gave the example of Disability Law's waiver training. The purpose of the training is to inform people about the waivers and PoC, and has not been well attended by participants.

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2. Lisa Morley added that there are training videos under development, and once they are finalized they will be posted to the SDS website.
- iv. Steve Lutzky said that he was hearing two goals for the A/SP during this discussion. The first is **enhancing education that is available to participants** and the second is **increasing transparency so individuals can know what is being done for and about them in the system.**
8. Duane Mayes asked the group what SDS and the ICC members could do to improve messaging to stakeholders not involved in the ICC.
 - i. Ric Nelson said that other stakeholder groups need more education about what the ICC is and what changes are occurring through the ICC.
 - a. Ric said that while he has attended the past two ICC meetings, he was previously unaware of the LTSS system change efforts. He suggested that SDS include a broader membership in the ICC and/or develop materials to communicate efforts to a wider audience.
 - b. Duane Mayes said that SDS would like ICC members to communicate the ICC messaging with their broader stakeholder groups. However, he does hear ICC member concerns

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

1. Steve Lutzky displayed the two questions SDS wanted the ICC-P 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. Duane Mayes said that there had been great discussion around these items during the ICC-OS meeting, and also noted that all participants at the ICC-P meeting also attended the ICC-OS. As a result, Duane asked the group if he could share the questions with the ICC membership so that they could share these questions with their stakeholder groups for further feedback.
 - ii. The group agreed with this approach and reiterated several of the goals and objectives discussed during the ICC-OS meeting including:
 - Make the process more person-centered
 - Incorporate natural supports into the A/SP
 - Capture strengths, accomplishments, and preferences in addition to deficits
 - Increase transparency for A/SP review and budget/hours allocation
 - Include elements of risk mitigation
 - Decrease the need for participants to provide the same information multiple times

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

1. Lynne Keilman-Cruz explained that the Settings Rule requires that people have access and self-determination in the setting in which they reside. She explained that SDS has been charged with assessing whether providers meet the Rule.
 - i. The SDS team has assessed over 900 settings, and is now contacting assessed providers to identify areas that need remediation.
 - ii. SDS is planning to hold a web-enabled meeting so that they can update providers on what to expect from the remediation letters.
 - iii. Deb Etheridge added that most of the assessed providers are in emerging compliance. This is encouraging, as it indicates there will be sufficient providers to meet the demands of the LTSS redesign.

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2. Maureen Harwood explained that the ISW is intended to replace individuals receiving the Community Developmental Disabilities Grant (CDDG) by providing them with 1915(c) waiver services.
 - i. Maureen reported that SDS has notified 110 participants about the new waiver. In the notification, participants received information about how to enroll in the waiver and associations that provide support with enrollment.
 - ii. SDS also sent a provider notice so that agencies would be prepared to support enrollment.
 - iii. 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 IDD waiting list while receiving ISW services.
 - iv. 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.
 - v. Kara Thrasher-Livingston reported that SDS provided a public educational webinar on the ISW changes, and SDS has directly informed AADD and the Governor's Council on the changes that will occur under ISW.
 - vi. Art Delaune asked 1) whether the ISW is a waiver or State Plan service package and 2) if it is a waiver, would it be distinguished from the current IDD waiver?
 - a. Maureen Harwood said that the ISW will have a different name from the current IDD waiver, and the automated systems will be able to distinguish between the waivers.
 - b. Art Delaune asked what the benefit of implementing the ISW as a waiver rather than State Plan services was.
 1. Deb Etheridge said that the waiver allows the State to wave the rules for State Plan services so they can provide specific services to individuals who meet Level of Care.
 2. Deb said that the ISW will have the upper buying limit for services set at \$17,500, and will also provide individuals with more flexibility for services.
 3. Art noted that the State had explored adding these services to the State Plan as part of a 1915(i). He asked why SDS had chosen the 1915(c) route.
 - i. Deb Etheridge said that the 1915(i) would waive the requirements for people to meet LOC and all of the State plan services would become an entitlement. This would have significantly increased service costs.
3. Deb Etheridge said that while SDS would like to implement the ISW, CFC, and targeted case management (TCM) one at a time, these programs will all be rolled out at the same time to meet required legislative timeframes. The regulations will all be released for public comment at the same time. Deb also explained that there will be State Plan Amendments (SPAs) for TCM and CFC out for review, as well as the Waiver Application for the ISW.
 - 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. In order to explain these changes, Deb Etheridge said that SDS will be hosting a public forum. This meeting will occur on October 4th from 6-8p at the Special Olympics gym.
4. 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.
 - iii. SDS will be looking at how they can enhance the utilization of natural supports under CFC.

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5. 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.
6. 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.
7. Ric Nelson asked whether SDS is looking at allowing individuals to control their own budgets. He said that he would prefer to be able to pay his own staff and not have to go through an agency that may not understand his needs.
 - i. Deb Etheridge said that the State will move forward with the agency with choice model, which is the approach the State currently uses, however SDS is still considering the approach that Ric described as an option when SDS has stronger mechanisms for assigning individual budgets. Deb said that it would have been too challenging to overhaul the current PCS system during the comprehensive LTSS systems change efforts.
 - ii. Ric said that he understands but would like to see this change in the near future.

V. Input, Recommendations, Feedback, and Next Steps

1. Duane Mayes 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.
2. The next ICC meeting will tentatively be held in mid-November.
3. Duane said that he will be taking a bulleted script from the ICC meetings, specifically on the input around the A/SP, and sharing it as he presents to other groups.