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

INCLUSIVE COMMUNITY CHOICES COUNCIL-OTHER STAKEHOLDERS

Meeting Minutes
Tuesday, May 22, 2018

Attendees: Allison Lee, Denise Shelton, Ric Nelson, Kim Champney, Travis Noah, Lizette Stiehr, Deb Etheridge, Maureen Harwood, Jetta Whittaker, Ulf Petersen, Jenny Murray, Duane Mayes, Lynne Keilman-Cruz, Moli Atanoa, Paul Cornell, Patrick Reinhart, Heather Chord, Caitlin Rogers, Sandra Heffern, Charlie Hudson, Rebecca Maranelli, Banarsi Lal, Corena Castilla-Sheppard, Denise Shelton, Allison Lee, Loranza Reynolds, Theresa Briskey

I. Overview
1. Information already summarized in the presentation 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/1Svvt7pmQtv5wnr6PM I0TVD5zfsLm610y/view?usp=sharing
3. Deb Etheridge began the meeting by taking roll and providing an overview of the agenda.

II. Updates on the Individualized Supports Waiver (ISW)
1. To initiate the discussion around ISW, Maureen Harwood provided an overview of Slide 3.
    i. Maureen explained that SDS is in discussions with the Centers for Medicare & Medicaid Services (CMS) about the waiver application they have submitted. SDS has received several questions from CMS around cost neutrality, informing participants about the new waiver, and performance measures.
    ii. Maureen said that the ICCs assisted SDS with developing the ISW service cost cap of $17,500. When the cost of Care Coordination, which all waiver participants will receive, is included, the cap rises to $19,285.
    iii. Maureen explained that the ISW includes the following services: Respite/Day Habilitation; In-home supports for ages < 18; Supported living for ages > 18; Intensive Active Treatment for Adults; Chore Services; Non-Medical Transportation; and Supported employment (inc. pre-employment tasks).

iv. The level of care (LOC) criteria for the ISW is ICF-IID, which is currently used for the IDD waiver.

v. Maureen explained that SDS has been working with potential ISW participants to update their DDRR and complete the LOC packets. SDS staff have met with individuals to confirm LOC, however they need to wait until the waiver is approved by CMS and the regulations are finalized before these participants are enrolled.

vi. SDS assessors have been sharing information about the ISW with participants they work with, and SDS staff have been sharing information about the ISW with groups throughout the state.

2. Maureen Harwood further clarified the rollout of the ISW using Slide 4.

i. SDS has been working with providers and participants to enroll individuals currently on grant funds in the ISW, as grants will only be available through June 2018.

    a. Maureen explained that there will be "safety-net funds" available for individuals currently on grants who do not meet LOC. These funds are managed by Stone Soup Group and will be used to support individuals statewide. Individuals who do not qualify for waivers will be referred to Stone Soup, who will work with the individual to develop a new Plan of Care to support their needs.

    b. Maureen said that because SDS is still under the enrollment cap, individuals who depend on services through grants will be able to access the ISW. To ensure that participants are receiving the most appropriate services, SDS has also been working with providers and participants to explore other waivers as an alternative to grant funds.

ii. There is not currently a waitlist for ISW because all the 600 waiver slots have not been filled. Once these slots are filled, individuals will be placed on a waitlist for ISW and may also be on the IDD waiver waitlist concurrently.

    a. Maureen Harwood explained that the number of individuals enrolled in the ISW will continue to be evaluated to determine if 600 slots is appropriate.

iii. Deb Etheridge explained that as part of this evaluation, SDS will look at the average spending under the cap and if this is significantly lower than what was projected, the number of slots could be increased. Deb emphasized that SDS will need at least one year of data to make this determination.

iv. Lizette Stiehr asked whether public comment would need to occur again after CMS provides approval on the ISW before the regulations could become final.

    a. Deb Etheridge explained that the package will not need to go through public comment because comment occurred prior to submitting to CMS.

b. Jetta Whittaker added that the regulations package will need to be reviewed by the Department's Attorney, however the timeline for this is unclear because it is a large regulation package that includes the ISW and CFC.

v. Maureen Harwood said that that SDS has been working to ensure that staff are prepared for the influx of participants to the ISW when the regulations are approved so that participants can seamlessly transition to ISW services.

a. This has included cross-training staff on the Harmony system to ensure that participants can be efficiently enrolled within the automated system.

vi. Sandra Heffern asked if individuals on the IDD waitlist were offered the ISW waiver.

a. Maureen Harwood said that individuals on the IDD waitlist were offered the opportunity to enroll in ISW. Management of this process has been dynamic because individuals can be enrolled in the ISW and remain on the IDD waitlist.

b. Caitlin Rogers explained that SDS drew down to a DDRR score of 6, so even individuals with minimal needs on the DDRR have been able to enroll in the ISW.

c. Maureen Harwood added that SDS has conducted analyses to determine grant recipients who should enroll in the ISW. She explained that some grant-funded individuals were just receiving quarterly Care Coordination contacts and no other services and may not qualify for the ISW.

vii. Ric Nelson asked how much of the cap will apply for the Care Coordination.

a. Maureen Harwood said that annually, Care Coordination will receive up to $1,785.

b. Ric noted that this is lower compensation than other waivers, and asked whether there would be less expectations for the ISW.

1. Deb Etheridge explained that under ISW targeted case management (TCM), there are less expectations for Care Coordination than under the other waivers.

c. Ric said that participants should be told that they will be receiving less Care Coordination under the ISW in case frequent contacts are important to the participant.

viii. Ric Nelson asked whether SDS has messaged that individuals do not have to be on Medicaid to access the funds offered through Stone Soup. He said that enrolling in Medicaid is a lengthy process, and the grant funded participants will not have time to wait.

a. Maureen Harwood said that SDS has been messaging that while the participant is updating their LOC package they should also begin the Medicaid application process. Maureen added that the Care Coordinators and assessors should be communicating this as well, and grant service providers are obligated to share this information. She said that individuals are being encouraged to contact the ADRCs and STARs to begin the Medicaid enrollment process.

b. Caitlin Rogers added that from the first ISW letters, SDS has notified individuals that they must be Medicaid eligible and have provided information about enrolling.

c. Ric Nelson asked whether people have to be on Medicaid to receive the waiver assessment.

   1. Caitlin Rogers said that individuals do not have to be Medicaid eligible to receive an assessment, however they need to be enrolled in Medicaid to receive services.

d. Rebecca Marinelli said that her understanding is that for individuals under 65 to receive services there needs to be a Social Security Disability Determination.

   1. Deb Etheridge said that SDS will need to clarify the nuances across the determination processes to ensure that this messaging is clear.

   2. Denise Shelton said that she knew of a person with ALS who did not have a Social Security Disability Determination and was enrolled in a waiver as part of the Medicaid expansion group.

   3. Rebecca asked whether individuals waiting on this eligibility process would lose their spot on the ISW waiting list in the interim period.

      a. Maureen Harwood said that SDS has been generous in keeping slots open for individuals during the eligibility process.

      b. Deb Etheridge added that this has not been an issue because SDS currently is not close to the 600 person cap, however they will need to develop processes for enrolling individuals who are waiting on eligibility when the ISW is full.

ix. Lizette Stiehr asked whether SDS can receive Plans of Care at this time.

a. Maureen Harwood said that SDS is not able to accept plans currently because they have not received CMS approval.

b. Lizette asked whether providers can begin developing Plans for individuals in preparation for the ISW.

   1. Caitlin Rogers said that yes, the Department is encouraging providers to begin developing and Plans and considering what it will take to transition participants to the ISW.

x. Deb Etheridge added that Care Coordinators will be reimbursed for application assistance for the ISW waiver.
   a. Deb said once the automation of the new billing codes is finalized, Care Coordinators may be able to back bill for ISW application assistance they previously provided.
   b. Ric Nelson said that Care Coordinators being paid for the initial application is a very important point to communicate to the Care Coordinators.

III. Updates on Community First Choice (CFC)

1. Deb Etheridge used Slide 6 to provide an overview of CFC.
   i. Deb said that the State Plan Amendment for CFC has been approved by CMS and is ready to be implemented, however SDS is waiting for regulations to become final. This delay is a result of needing to contract with the Department of Behavioral Health (DBH) contractor QUALIS to make the LOC determinations other than nursing facility and ICF-IID LOC so that those determinations are made in a consistent way.
   ii. Deb said that the regulation package was very large, and it included moving HCBS waiver services of PCS and personal emergency response systems (PERs) into CFC.
   iii. Deb explained that CFC is a part of the State Plan service package rather than a waiver, which means it is an entitlement.
   iv. SDS is receiving a federal funding enhancement for services provided through CFC, so having the coding in the Medicaid Management Information System (MMIS) will be critical for documenting the services that can receive this enhanced funding.
      a. Lynne Keilman-Cruz said that the codes that will be developed include the CFC-only code around TCM; CFC personal-care (separate from regular personal care); and the most challenging service process to develop is the skills building, as it requires training for provider program administrators so that they are able to teach the skill and the receipt of training needs to be confirmed so that the code can be used.
      b. Denise Shelton asked whether a CFC and PCS provider agency could waive the requirement for PCS skills building training.
         1. Lynne said that for the MMIS tracking purposes, there will still need to be training.
   v. Allison Lee asked whether agencies providing CFC-PCS need to provide evidence that all PCS staff received skills building training, even those not providing skills building CFC-PCS hours.
      a. Deb Etheridge said that the intention of the Condition of Participation (COPs) was that all staff would be trained on skills building.

      b. Ric Nelson said that requiring staff to attend skills building training when they do not provide the service does not make sense. He said that staff receiving the training will not be providing skills building and therefore will not receive the enhanced rate, so essentially, they will not be paid for the training.

      c. Patrick Reinhart said that requiring the training could unintentionally lead to an increase in costs.

vi.   Lynne Keilman-Cruz said that SDS has seen that providers have had challenges tracking staff who receive training, so SDS decided to make the training mandatory in the COPs.

      a. Allison Lee said that requiring agencies to track staff receiving the training will be much more efficient than requiring all staff to attend a training on something that may never be used.

      b. Deb Etheridge said that because skills building training is a new service, there needs to be consistency across providers and the requirement for training does this.

      c. Lynne Keilman-Cruz said that SDS is open to having program administrators track staff who have received the training.

         1. Lynne said that SDS will evaluate the COPs to determine if there is the flexibility to make a change in this area.

vii. Deb Etheridge said that letters have been sent to all individuals receiving PCS and/or PERs who are on an HCBS waiver. This group was selected because PCS and PERs will only be available under CFC and the individuals have already been determined eligible for CFC because they have meet institutional LOC.

      a. Deb explained that individuals on waivers receiving services under CFC will be automatically enrolled in CFC and can opt out.

      b. Deb said that the goal is to go live with CFC on July 1 and have a mass enrollment of participants in CFC, however SDS needs to have the approved regulations in place for this to occur.

viii. Sandra Heffern asked where SDS is with interRAI.

      a. Deb Etheridge said that SDS is working with the University of Michigan (UofM) and HCBS Strategies to evaluate the Consumer Assessment Tool (CAT) and interRAI Home Care (interRAI-HC). SDS assessed 500 individuals using a combination of CAT and interRAI-HC and UofM is now evaluating LOC measures between the CAT and interRAI-HC.

      b. Deb said that through this pilot, SDS is also evaluating whether interRAI will be the most appropriate tool. The results of this evaluation will likely be part of the discussion at the next ICC meetings.

      c. Duane Mayes added that there has been an extension placed on the funding for revisions to the new assessment process. The new target date for interRAI go live is July 2019.

        d. Sandra Heffern asked which waivers interRAI would be used for in July 2019
- 1. Maureen Harwood said that the plan is for interRAI/new assessment tool to be used for all waivers with the exception of ISW and IDD. She said that the IDD team is still evaluating how the tool should be utilized for the IDD waivers.
- 2. Maureen said that the SDS IDD team did not feel comfortable switching to a new assessment tool while at the same time enrolling 600 individuals in the ISW waiver, so the IDD side has delayed using interRAI.
- 3. Maureen said that Caitlin Rogers and Sandra Heffern have been meeting with the interRAI team and other users of the tool to better understand what interRAI offers on the IDD side.
- 4. Sandra Heffern added that the discussion with interRAI was part of a broader examination of national tools. She said that one of her concerns is that the interRAI-IDD tool does not have a quality of life survey similar to the HC.
  - i. Steve Lutzky clarified that the quality of life survey is a standalone tool, not part of the interRAI-HC, that has only been used with adults with physical disabilities and older adults, but could be used with individuals with IDD.

        e. Ric Nelson said that he would like to review the interRAI tools during a future meeting to better understand implications for all individuals.

        f. Steve Lutzky clarified that interRAI is a minimum data set (MDS), and SDS will be enhancing the tool to include person-centered components that the ICC has recommended.

ix. Allison Lee asked for confirmation that Care Coordinators will be completing waiver amendments.

        a. Lynne Keilman-Cruz explained that for CFC-PCS, the Care Coordinator will be completing the waiver amendment for CFC-PCS.

x. Duane Mayes said that he has been having extensive discussions around enabling technology, and SDS is now pursuing funding opportunities to be able to demonstrate that technology is able to result in reductions in costs because it reduces the need for human intervention.

xi. Duane said another major SDS initiative is integrating the ISW and CFC efforts into the ongoing operations of SDS.

xii. Duane added that an SDS team and Senators Micciche and Spohnholz will be meeting with Washington state next week to better understand the potential for the T-CARE family caregiver model and the limited supports model that Washington undertook through an 1115 waiver.

      a. Deb Etheridge said that this would likely require legislative authority to allow a comparable caregiver model to occur in Alaska.

xiii.   Duane Mayes said that there has been a bill proposed at the federal level to delay the unfunded implementation of electronic visit verification (EVV) to ensure that the State has adequate time to consider how to implement EVV in the most effective way for Alaska.

xiv.   Duane said that transition services are another major priority for SDS and this will be a major effort for the SDS policy team. He added that APDD has provided support with this effort.

xv.   Duane said that SDS has been flat funded for a long time, and this is an issue because the Department is understaffed to manage all of the efforts.

xvi.   Deb Etheridge said that SDS would like to examine how enabling technology, homemaker/chore, companion services, transition services, and other specialized medical equipment can be offered through CFC.

xvii.   Duane added that CFC could be a vehicle for developing and enhancing companion services in the State by using the soft cap on day habilitation.

xviii.   Deb clarified that the current services offered through CFC are CFC-PCS, PERS, training on managing staff, and skills building training. SDS began with a limited array of services because while SDS receives an increased federal match for services, offering services under CFC will allow it to become an entitlement and may expand the number of individuals receiving the services and therefore the service costs.

      a. Deb asked the group for priorities around additional CFC services:

          1. Lizette Stiehr said that APDD came up with a list of key considerations for individuals transitioning from institutions to the community. She said that the SILC will be providing mini-grants for enabling technology, and as a result companion services should be a greater priority for SDS.

          2. Patrick Reinhart said that SDS should inform him of potential staffing requests for these initiatives that are made through the Trust so he can support them.

          3. Patrick Reinhart added that the Administration for Community Living (ACL) has offered five grants for additional staff for policy work and his team will be submitting an application. He invited SDS to join this effort.

          4. Patrick said that his team has some ideas in terms of supported employment and other supports that will allow people to gain independence and get a job that will not cost a tremendous amount of time or staff, and he would be happy to brainstorm with SDS.

5. Kim Champney said that there may be several initiatives that can move forward without SDS being the driver. She said that the technology effort currently has momentum in the provider community and will likely continue to move forward. She suggested that SDS can join this effort when they are ready. She said that there is also an effort to mentor Care Coordinators by utilizing experienced Care Coordinators as mentors.

6. Duane Mayes said that while the SILC is working with enabling technology, he would like to see a collaborative effort across SDS and the SILC to ensure that there is adequate capacity.

7. Duane asked the group whether they would be open to supporting SDS with obtaining staff to manage the new efforts and legislative mandates.

    i. Patrick Reinhart said that he is open to supporting this, as SDS serves multiple beneficiary populations, and will be meeting with The Trust and SDS to discuss opportunities for the 20/21 fiscal year.

xix. Duane Mayes said that while the Harmony development and rollout has not gone smoothly, he has been meeting with the higher-ups in Mediware to ensure that improvements are being actualized.

xx. Patrick Reinhart asked what the plan was to ensure that there was adequate funding to roll out and sustain CFC and the ISW.

    a. Deb Etheridge said that the general fund authority was moved into the Medicaid budget, however it was not being used because the waiver was not in place. To ensure that the funding was sustained, SDS was able to transition the waiver authority back into administrative budget. If the bill does not go live before the grants expire on July 1, SDS can ask to again transfer the authority to the administrative budget to obtain those additional funds.

    b. Duane Mayes said that SDS will continue to improve budget monitoring, and that as a result of improvements that have already occurred, the DD waiver will be coming in flat for the first time.

2. Using Slide 8, Deb Etheridge facilitated a brief discussion around the new Care Coordinator payment structure.

    i. Deb explained that TCM is a different way to pay for current services. She explained that Targeted Case Managers (TCMs) and Care Coordinators are the same people, the terms just differ across methods for billing.

        a. Ric Nelson said that he thought people had to be on a waiver to receive CFC.

            1. Deb clarified that do not have to be on a waiver, but they must meet a LOC.

IV. Having the ICC Spread the Word

1. Duane Mayes said that the ICC is an opportunity for transparency, however ICC membership does not cover all agencies and organizations. He encouraged the ICC members to go back to their organizations and councils to communicate the information that was shared because SDS cannot share all of this information with all individuals.

2. Lizette Stiehr said that other states she interacts with are surprised by the level of transparency SDS provides, and that she appreciates the time and transparency SDS provides. She said that she has been trying to share the information via APDD's monthly newsletter and calls.

3. Deb Etheridge asked how SDS can support the ICC members with getting the word out about the initiatives:

    i. Lizette Stiehr suggested posting about the ISW and CFC in the family Facebook group.

        a. Deb said that SDS does not have access to this page, however SDS would be happy to review language for a post if there was someone with access who would like to post the information.

    ii. Patrick Reinhart said that the Alaska Training Collaborative has a far reach, and that reaching out to them to provide training to families may allow the information to reach out to a wider audience.

    iii. Paul Cornell said that their Facebook page has several thousand of members and he would be happy to post information.

    iv. Allison Lee said that when providers call SDS to ask questions because they have not received information, SDS should encourage the agencies to join the provider organizations.