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

INCLUSIVE COMMUNITY CHOICES COUNCIL

Meeting Minutes
Wednesday, September 12, 2018

Attendees: Allison Lee, Denise Shelton, Ric Nelson, Kim Champney, Travis Noah, Deb Etheridge, Maureen Harwood, Jetta Whittaker, Ulf Petersen, Jenny Murray, Duane Mayes, Lynne Keilman-Cruz, Moli Atanoa, Patrick Reinhart, Sandra Heffern, Banarsi Lal, Corina Castillo-Shepard, Denise Shelton, Allison Lee, Ric Nelson, Caroline Hogan, Amanda Faulkner, Lisa Morley, Art Delaune, Cina Fisher, Karli Lopez

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 feedback and input.
    i. The notes for the portion of the discussion about specific Assessment and Support Planning (A/SP) tools are captured directly in the tools.
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/16KkMqtoKN1ihWIq7SW8a9r2iqsxx0whg/view?usp=sharing
3. Duane Mayes began the meeting by taking roll.
4. Duane announced that Community First Choice (CFC) and the Individualized Supports Waiver (ISW) will be rolled out October 1.
5. Steve Lutzky provided an overview of the agenda and presentation.
    i. Steve explained that the slides from the May ICC meetings that provide an overview of CFC, ISW, and other efforts are available at the end of the presentation.

II. Updates and Discussion on Community First Choice (CFC)
1. Deb Etheridge shared that CFC will be going live on October 1. She explained that the reason for the October 1 rollout is because SDS has been waiting on regulation approval from the State. Federal approval was obtained on June 23.
2. The SDS team has taken many precautions to ensure that the transition to CFC is seamless for participants.
3. Deb said that the plan for rollout is to automatically enroll participants currently enrolled in a waiver and receiving personal care services (PCS) to CFC to receive CFC-PCS. She said that there will be no loss or impact to services during this transition.
    i. Deb added that participants may choose to request a reassessment after rollout and receive an adjustment in their services.

ii. Lynne Keilman-Cruz added that if a participant is currently receiving personal emergency response systems (PERs) through the waiver, they will also be automatically enrolled in CFC with no disruption.

4. Deb said that providers will be authorized for CFC-PCS based on current certification to provide PCS.

   i. SDS will be providing training and education for providers around all of CFC, and there will be specific training on the new billing code for CFC-PCS.

5. Participants who only want to receive CFC services (as opposed to also being enrolled in a waiver) will have their care coordination paid for under the new targeted case management (TCM) option.

6. Deb said that after SDS better understands who is accessing CFC and the impact on costs, they will be looking to move other waiver services to CFC to obtain the enhanced 6% federal match.

7. Deb said that providers will be receiving formal notification of CFC rollout soon.

   i. Ric Nelson said that providing agencies with training and education around CFC this late in the process is going to cause a major issue because providers need time to prepare for the change.

      a. Deb Etheridge clarified that agencies have already received notification and other training. She was only speaking of formal notice of the program.

      b. Lynne Keilman-Cruz clarified that this notice will include notice that providers can offer PCS based on their current certification.

8. Allison Lee asked whether the CFC-PCS certification dates will align with State Plan PCS, or if providers will need to apply specifically for CFC-PCS.

   i. Lynne Keilman-Cruz said that she believes the dates will align.

9. Allison Lee asked whether SDS will be issuing new prior authorizations after October 1.

10. Lynne Keilman-Cruz said that this will be more challenging because SDS does not necessarily know what has already been billed. SDS plans to pull 100 hours from the current PCS plan during the change to provide a debit of hours. These hours will be transferred as they are used to allow SDS to examine the participant's circumstances and what has already been billed.

11. Allison Lee said that SDS will be meeting with her and Sandra Heffern about the roles and responsibilities of care coordinators and PCA agencies under CFC.

12. Lynne Keilman-Cruz said that during the May ICC meeting, both the ICC-P and OS suggested that it would be onerous to require all PCAs to receive training on supporting participants with enhancing independence, including PCAs who are not immediately providing the service. Lynne said SDS heard this and will now require that each PCS agency sends one staff to receive training, and this staff will go back to the agency and provide the training. Once the agency has a staff trained, they may bill for CFC-PCS.

1. Denise Shelton asked if the State still anticipates that there will be a small number of participants receiving CFC-PCS who will also be receiving TCM.
   i. Deb said that of the 160 participants who were just receiving PCS and no waiver services, approximately 90% have already transitioned to a waiver. The waiver allows them to receive waiver care coordination and PCS. The remainder may receive care coordination under TCM.

III. Updates and Discussion on the Individualized Supports Waiver (ISW)
1. Maureen Harwood said that the ISW will also be rolling out on October 1 and there has been a tremendous amount of work done prior to this both by care coordinators and SDS.
   i. Maureen said that the Governor's Council provided families with training and care coordinators have been submitting waiver packages to SDS.
   ii. SDS wrote to 600 individuals and offered them the opportunity to apply for the waiver. Of these individuals, 211 have finished the enrollment process; 65 are in the process of applying; 167 have expressed interest; 84 have not responded to repeated notices (SDS will be retracting these offers and extending new invitations to others on the Registry); 23 declined the program; and 3 do not have qualifying diagnosis and are working to clarify documentation. Another 47 individuals have been referred to the APDD or IDD waivers because they better meet their needs and preferences.
2. Maureen said that the SDS team has been in the community providing information and training about the ISW and will continue to do so throughout rollout.
3. Maureen said that SDS will continue to provide training for care coordinators, however, she emphasized that the care coordinators should not needing extensive training because the ISW is so similar to the IDD waiver.
4. Duane Mayes said Washington and other states have emphasized how important training is in rolling out new waivers. He emphasized that SDS training will be ongoing until all understand the process.
5. Deb said that there are transition funds to allow agencies to continue to provide services for individuals currently receiving Community Developmental Disabilities Grants (CDDG). This will allow individuals attempting to access services to also receive safety net services.
   i. Lisa Morley said CDDG grants have been extended by one quarter into FY2019 and given 25% of the annual grant award.
6. Amanda Faulkner said that additional training is needed for individuals who will not receive funding because they are not on Medicaid or enrolling in a waiver.
   i. Lisa Morley explain that the safety net funds will be used for individuals who received grants, have a qualifying DD diagnosis, and do not meet LOC for ISW. These individuals will be referred to Stone Soup to receive services and develop a plan. These funds are not available for people who are not Medicaid eligible.

    ii. Lisa added that three individuals have been referred for these safety-net funds out of the 600 who have been initially contacted. There are also two individuals who are receiving OBRA funds through a nursing facility who will also be receiving safety-net funds.

7. Ric Nelson asked how many people did not qualify for the ISW out of the initial applicants.
    i. Maureen Harwood said that three individuals did not receive an approval of LOC.
    ii. Ric thought during the last meeting there were nine people who did not qualify.
    iii. Lisa Morley confirmed that during the May meeting there were nine individuals, however they have since provided additional paperwork that allowed them to be determined eligible.

8. Amanda Faulkner asked if there is a safety net for individuals who do not qualify for Medicaid.
    i. Lisa Morley said that there are not safety net funds specifically intended for this population.

9. Cina Fisher said that SDS will share an e-alert with information about dates for ISW trainings.

IV. Updates and Discussion on the Person-Centered Intake (PCI)

1. Lisa Morley said that the PCI was implemented statewide Jan 1, 2018 and is a requirement for individuals trying to enroll in the ALI or APDD waivers.

2. Lisa said that individuals must apply through an Aging and Disability Resource Center (ADRC). The ADRC has a turnaround time of 3 days for scheduling an appointment. After the appointment, the ADRC also conducts a follow-up call to determine if the participant needs additional support to apply for services.

3. Lisa said that through PCI screening, people have been able to access supports and services for which they were not previously aware. SDS has also seen individuals utilize lower levels of services as a result of the options counseling process.

4. Lisa said that the SDS team has been obtaining input from ADRC and Short Term Assistance and Referral (STAR) staff to improve the process.

5. SDS is working with HCBS Strategies to develop a training manual to ensure that training is consistent across ADRCs and STARs.

6. Amanda Faulkner asked whether providers would also receive training about the PCI so that they have more information about the process.
    i. Lisa Morley said that SDS is working to update the PCI and then will be finalizing the training manual. She said the manual can be made available online.

7. Allison Lee said that because the PCI will be the gateway for accessing CFC-PCS, it would be helpful to have clear guidance about the access processes for both PCS pathways.

i. Cina Fisher said that training with PCS providers has included informing them about the ADRC and suggesting that the ADRC be utilized for options counseling and other information even though it is not the required for individuals applying only for PCS.

ii. Lisa Morley said that the intention is to have the PCI be the front door for all home and community-based services and supports, however the ADRCs need to build capacity so that this does not slow down access to services.

    a. Allison said that if the goal is to ultimately have the PCI be used for PCS access, the applications for PCA and CFC-PCS should be aligned.

8. Moli Atanoa clarified that starting October 1, participants who have already been assessed for PCA services and met LOC after a CAT assessment would receive a notice referring them to the ADRC to receive options counseling and choose a care coordinator.

9. Lisa Morley added that there will be a skip included in the PCI to allow participants who meet LOC to skip portions of the PCI if they have already had a CAT assessment.

10. Amanda Faulkner asked how many ADRCs there are and what their business hours are.

i. Lisa Morley said that there are six ADRCs and they operate normal business hours but provide callback services and follow-up contacts outside of normal hours.

V. Discussion of the Draft Assessment and Support Planning (A/SP) Tools

1. Notes from the discussion about the draft tools can be found in the comments and tracked changes in the discussion documents. Links to these documents can be found below.

i. Application Section III- https://drive.google.com/file/d/10Oey9-YX-qXPN5PBSQxnqURoHSx3lHgQ/view?usp=sharing

ii. Support Plan Recommendations- https://drive.google.com/file/d/1Tinhp8XyMzxknsdntx5Fs1dy8eK47C2B/view?usp=sharing

iii. Support Plan Interview- https://drive.google.com/file/d/1OxX3F4Bly9kooHro5Md3D-5pTuZehxMD/view?usp=sharing

2. Beginning on Slide 8, Steve Lutzky provided an overview of the A/SP progress and process.

3. Deb Etheridge emphasized that the changes that are proposed today are preliminary and the State is holding this meeting to obtain feedback from the ICC early in the process

4. Steve emphasized that the primary goals of the updated forms are 1) to provide a comprehensive process that captures all information necessary for support planning and 2) allow for a more streamlined review process by capturing input and recommendations from the assessor, care coordinator, and participant throughout the process, thereby reducing the need for follow-up by the SDS review team.

5. Sandra Heffern asked if the A/SP redesign will apply to all LTSS populations.
   i. Steve Lutzky clarified that the initial rollout will include only non-IDD waivers, however SDS IDD staff have been involved in the A/SP development and have been providing input so that these tools or adapted versions of the tools can work for individuals with IDD.
   ii. Steve said that the biggest barrier to changing IDD tools is understanding and minimizing the impact on the level of care (LOC) eligibility determinations.
   iii. Maureen Harwood added that the IDD team has been evaluating their options for replacing the ICAP.
6. Karli Lopez asked how much time would be spent with eyes on the individual during the assessment process.
   i. Steve Lutzky said that approximately the same amount of time spent with the individual in the new process compared to the current process, but there would be additional time needed for SDS staff to complete the Support Plan (SP) recommendations document after the assessment.
   ii. Steve said that the Support Planning process may take more time, however it is intended to provide a standardized structure for conversations that should already be occurring.
7. Deb Etheridge said that the A/SP is not something that is going to be implemented tomorrow; the development is going to be a long, iterative process with many opportunities for input.
8. Allison Lee asked how the new A/SP will be used to inform resource allocation and system improvement.
   i. Steve Lutzky explained that within the A/SP there is a workflow that allows participants to identify where barriers or other systems issues related to accessing services and supports exist to help improve the system.
   ii. Steve added that the new A/SP process is designed to support stronger and more person-centered budget controls. He added that during the interRAI pilot that SDS conducted, the University of Michigan provided analyses of how the PCS time for task assignment of hours may be replaced with an interRAI-HC based case mix algorithm called the RUGS-III-HC. They found that there was a strong relationship between the current PCS hours assignment and assignment using the RUGS-III-HC and they recommended that SDS strongly consider switching. Switching would allow SDS to eliminate some assessment items and would base the assignment of hours on an empirically-based algorithm rather than a home grown approach.
9. Ric Nelson said that he has a concern around SDS developing recommendations for services and supports and part of the support planning interview. He said he was concerned that if the participant and care coordinator do not go along with the recommendations, the Plan will not be approved.

    i. Steve explained that the under the new Support Planning process the participant and the care coordinator would develop the plan that best reflects the participant's strengths, preferences, and needs. If this differs from the assessor's suggestions, the plan will include an explanation for why it is different. This should help streamline the SDS review process.

10. Ric Nelson said that he hopes SDS looks at budget autonomy, because he believes participants can more efficiently and effectively control budgets.

    i. Steve said that he agrees, as there has been research that shows participants are better able to get more hours of services with the same budget. However, he pointed out that, unless a program is carefully constructed, this can also result in substantial increases for the State. Alaska's experience of almost a ten-fold increase in the cost of PCS when CDPCS was added is an example of just such a cost increase.

11. Denise said that if the care coordinator attends the assessment, they should have the Support Plan interview available so they can start completing the document while listening to the interview.

    i. Steve said that this was a great suggestion.

12. Steve Lutzky added that the assessment and Support Plan are intentionally separated so that the care coordinator can appreciate the participant's training needs without impacting his/her assessed ability.

13. Sandra Heffern said that from a process perspective, even without changing to a different assessment tool, the Support Planning process would be applicable to use with the IDD population. She suggested piloting the Support Planning tool with individuals with IDD.

    i. Maureen Harwood said that the IDD team has been heavily involved in the tool development process and has been providing input so that the process would be a better fit for the IDD population.

14. Sandra Heffern said that she thought the intent of the ICC recommending interRAI was to replace the ICAP, not necessarily the CAT. She asked why the focus is no longer on replacing the ICAP.

    i. Maureen Harwood said that because SDS was launching a new waiver for individuals with IDD, it was not a good time to implement a new assessment. Additionally, the interRAI-IID, which is tailored for people with IDD, has not been widely used, so SDS needs to do more exploring on if/how to incorporate the interRAI-IID within the interRAI-HC or if there is a better tool for the IDD team to use.

    ii. Deb Ethridge said that the SDS team is still moving in the direction of changing to interRAI, however are still exploring their options.

    iii. Steve Lutzky added that interRAI requires that the State use 95% of one tool, but after they meet that threshold with the interRAI-HC there will be more flexibility to add only specific items from the interRAI-IID.

iv. Duane Mayes said that the SDS team has been holding many meetings with the University of Michigan interRAI team to better understand how the interRAI can meet Alaska's needs, and SDS continues to explore all options.

15. Andrew Cieslinski then reviewed each of the A/SP forms with the group.

I. Open Topic Discussion

1. Duane Mayes said that there has been a lack of participation from some members of the ICC and he will be looking into replacing those individuals because participation is so critical.

2. Duane said that initiatives SDS is undertaking currently include companion services, transition services, and family caregiver. He said that SDS wants to have the opportunity to share and collect feedback about these initiatives, and he would like to see if the ICC could play that role.

3. Sandra Heffern suggested having the ICC play a quality assurance role to allow for a variety of groups to provide singular input around quality across the state. She said that she would like to see a Health Care Policy Leadership Council that focuses on quality around long term services and supports established in Alaska. She asked whether the ICC would be open to playing this role.

   i. Duane Mayes asked whether the ICC or another Council should play the quality assurance role. He said that it could potentially reduce duplication of efforts and enhance communication.

   ii. Patrick Reinhardt said that the Governor's Council already does a comprehensive review of SDS policies and procedures and he does not think that it is necessary for other entities to play this role.

   iii. Kim Champney said that many of the SDS efforts developed with the ICC would fall within the quality assurance framework. She said that because the ICC is already familiar with these efforts, they are positioned to provide quality input.

   iv. Denise Shelton said that she supports looking into quality and supporting people who are falling through the cracks.

   v. Amanda Faulkner said that she sees the utility in having an entity play the quality role, as she would like to look at the system globally and identify system improvements.

   vi. Allison Lee said that she thought that quality will be an important consideration for the ICC moving forward.

   vii. Art Delaune said that he supports the idea of looking at quality as part of the ICC.

   viii. Duane Mayes said that he will speak with others at SDS to discuss how the ICC may play this role.

   ix. Lisa Morley said that at the HCBS Conference there was interest from Alaska providers about the National Core Indicators (NCI) quality measures. She said that if agencies wanted to move forward with quality measures, it should be a coordinated effort.

4. Denise Shelton requested at least be a month notice prior to the ICC meetings.
5. Travis Noah said that he has concerns about the ability to support people with transportation to employment sites outside of habilitation services. He would like to discuss this during a future ICC meeting.
6. Allison Lee said that she wants to encourage the group to not leave PCS and non-Medicaid individuals behind and only focus on individuals who meet nursing facility level of care.

II. Wrap-up and Next Steps

1. Deb Etheridge said that the documents shared today were proposed by HCBS Strategies and have not been approved by SDS. She emphasized that they are not official State documents and are only intended to be used to gather input.
2. There will be a Doodle poll shared to schedule a follow-up meeting view Webex to complete the review of the A/SP tools.