

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

INCLUSIVE COMMUNITY CHOICES COUNCIL-OTHER STAKEHOLDERS

**Meeting Minutes
Wednesday, November 7, 2018**

Attendees: Lizette Stiehr, Travis Noah, Caitlin Rogers, Moli Atanoa, Maureen Harwood, Ric Nelson, Alison Lee, Deb Etheridge, Ulf Petersen, David Chadwick, Steve Lutzky, Andrew Cieslinski, Delight Mells, Kelda Barstad, Rodney George, Jenny Murray, Carol Downey, Amy Bisha, Jetta Whittaker, Amanda Faulkner, Denise Shelton, Kim Champney, Sandra Heffern, Lisa Morley, Marianne Mills, Patrick Reinhardt

I. Overview

1. Deb Etheridge thanked the group for participating in the ICC. She said the group has provided invaluable feedback not only around CFC, but also the ISW and Case Management efforts.
2. Deb said that during this meeting SDS would like to talk about the role of the ICC moving forward. Originally the ICC was intended to inform the development and implementation of CFC, however the ICC has provided valuable input in other areas, such as ISW and Assessment and Support Plan (A/SP). SDS will need to work with the ICC-P to determine how the group will evolve, with special focus on input from participants.
3. Deb said that there is likely to be a change in leadership in the Commissioner's Office during the next administration. She said she feels positively about SDS, as they have a solid staff foundation and were able to reduce costs while continuing to provide and enhance services.

II. Updates to Community First Choice (CFC)

1. Rodney George said that CFC went live on October 1.
2. Rodney reported that there are currently just under 1000 individuals enrolled in CFC. These enrollees are largely comprised of individuals already enrolled in PCS and/or waivers who were auto enrolled in CFC. Rodney noted that SDS has found a few people who were not automatically merged and are working to contact those individuals.
3. Rodney said that Allison Lee has provided SDS with helpful reminders and guidance throughout the rollout process, specifically around the notices and forms.
4. Rodney said that in the month since rollout there have been a limited number of initial applications for CFC, amendments, and service level authorizations performed.

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5. SDS continues to work with WellSky to ensure Harmony is fully compliant with all the CFC forms and tracking requirements.
6. David Chadwick encouraged the group to contact SDS if there are any issues or questions.
7. Rodney George also shared that the SDS training unit has done a tremendous amount of training on CFC for SDS staff, care coordinators participants, providers, and other stakeholders.
8. Ric Nelson said that he did not receive a notification of auto-enrollment into CFC, and is concerned others may not have as well.
 - i. Deb Etheridge explained that the letters were sent to the addresses available to SDS, however some addresses may not be current. SDS is doing their best to track the individuals who did not receive these notices.
9. Allison Lee thanked SDS for their responsiveness during the rollout of CFC.
10. Allison said that SDS had previously estimated that 1,600 individuals were enrolled in both waiver and PCS, but only 1,000 of these individuals were reported as auto-enrolled in CFC. She asked why there was a discrepancy.
 - i. Deb Etheridge said that 1,600 was based on the total number of clients served over a year, while 1,000 reflects the number at the actual point when the auto-enrollment occurred. Because some people leave and new people come on over a year, the total annual number will always be substantially higher than a point in time count.
11. Allison said that there has been confusion among staff about the required documentation for supervision and cueing. She said that some staff have not been using the service because they are leery of an audit. Allison said that SDS needs to share standard practices for documenting this service.
 - i. Rodney George said that SDS will have further discussions and review the requirements with the audit team to ensure that clear guidance is developed.
 - ii. Deb Etheridge said SDS will provide this guidance in a future notice.
12. Deb said that SDS has heard that CFC has been an additional burden for Care Coordinators. She said that ideally all Care Coordinators would have been in the Harmony system prior to rollout, however this was not able to occur. SDS is working with the WellSky automation team to determine how to address the issues, and SDS has been understanding and flexible with enrollment and requests they have received while the automation issues are resolved.
13. Deb encouraged Care Coordinators not to council participants to choose State Plan PCS rather than CFC. CFC offers the potential for more hours for the participant and prevents other reductions in services because of the higher match the State receives. In addition, SDS plans to shift more waiver services to CFC in the future.

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14. Allison Lee asked whether there has been movement around aligning CFC-PCS and State Plan PCS applications or discussions about whether compensation would be available to support Care Coordinators with completing the more comprehensive CFC-PCS application.
 - i. Rodney George said that because of the separate requirements for the PCS programs there has not been much conversation about integrating CFC-PCS and State Plan PCS applications. Deb Etheridge said that it has not previously been a central focus, however it is on SDS' agenda now that rollout has occurred.
 - ii. Deb Etheridge said that Medicaid administrative claiming is allowing the ADRCs and the STARs to build capacity so that eventually they can act as the entry point for all HCBS, including PCS.
15. Amanda Faulkner asked what services would potentially be pulled into CFC.
 - i. Deb Etheridge said that originally SDS was looking at including homemaker and chore services, however they were concerned that this, along with adding two LOCs in CFC beyond NF and IDD LOCs, Institution for Mental Disease (IMD) and Institutions providing Psychiatric Services (IPS), would have significant budget implications. SDS is rolling out a more limited service set to better understand these implications before incorporating additional services.

III. Updates on the Individualized Supports Waiver (ISW)

1. Maureen Harwood thanked the ICC for their involvement and feedback with the development and rollout of ISW.
2. Caitlin Rogers said that SDS began doing draws for ISW in September 2017. From September to December 2017, SDS drew 100 individuals per month until all available ISW slots were filled.
3. After initiating the ISW draws, SDS began accepting LOC applications and other required forms so people will be able to transition seamlessly from grants to ISW. SDS has issued 248 level of care (LOC) determinations for ISW and has received 47 Support Plans. The remaining individuals are in various stages of application, with the largest group waiting for approval from DPA.
4. Caitlin said that there were 241 individuals who were non-responsive to various forms of SDS communication about enrolling in ISW. SDS has sent several rounds of additional notices requesting these individuals send something to indicate they are interested in enrolling in ISW, otherwise their offers will be rescinded and their slots will be assigned to other individuals who are on the waitlist for ISW/IDD waivers.
5. Caitlin said that SDS has tried to be very responsive to help address participant and Care Coordinator confusion about ISW status and progress.

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6. Maureen Harwood said that SDS continues to help participants and providers understand that grants are being phased out and that individuals need to move forward with enrolling in ISW so they do not lose services.
7. Maureen added that SDS has received positive feedback about their responsiveness and general communication around the ISW. She thanked the IDD and training units for all of their hard work.
8. Ric Nelson asked what would happen to the individuals who receive CDDG grant services but do not meet the eligibility criteria for the ISW (ICF-IID/LOC) or do not apply.
 - i. Maureen Harwood said that notification letters have been sent both to individuals currently on CDDG grants and individuals not on grants but were potentially eligible, such as those on the waitlists for the IDD waiver. SDS is tracking why individuals are choosing not to enroll (e.g., not wanting paid services or waiting for the IDD waiver).
 - ii. Lisa Morley said that some of the people who were nonresponsive to the notices were not receiving grant services. She has been working with grant providers to ensure that people are responding to the notices and being transitioned to ISW.
 - iii. Caitlin Rogers said that there were 3 or 4 individuals currently receiving grants who did not meet LOC for CFC or ISW, and SDS has been working with these individuals to establish back-up services.
9. Amanda Faulkner asked for the number of draws for the IDD waivers that have occurred since ISW notices were sent.
 - i. Caitlin Rogers said that SDS drew 57 individuals for the IDD waiver in the previous fiscal year, and since July 1, 2018 have drawn approximately 15.
 - ii. Caitlin said that SDS draws 50 individuals annually.
10. Allison Lee asked whether individuals who are enrolling in CFC-PCS have to complete a waiver application and the Consumer Assessment Tool (CAT).
 - i. Deb Etheridge said participants would need to complete an application and the CAT so that SDS can establish that they meet one of the CFC LOCs.
 - ii. Allison asked whether there is the capacity to complete a PCI with all of these individuals.
 - a. Lisa Morley said that because of Medicaid Administrative reimbursement, the ADRCs have been able to build capacity and are prepared to complete PCIs with all required individuals.
11. Maureen Harwood said that SDS plans to enhance tracking between individuals enrolling in ISW and CFC so they can better understand who is requesting services.
12. Deb Etheridge encouraged the group to share any workforce issues that may be occurring so that SDS can assist in addressing them.

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IV. Discussion of the Process for Reviewing New Assessment and Support Planning Tools

1. Steve Lutzky thanked the group for the feedback that they have been providing with the Assessment and Support Planning (A/SP) tools.
2. He said that the A/SP tools that were presented are the first draft of the tools that will continue to evolve.
3. Steve said that after the final draft tools are developed there will be a small paper-based workflow pilot. This pilot will allow the A/SP tools to be used with a small number of participants to understand how the tool works in the field. Updates to the tools will be made after this pilot based on feedback from staff and participants.
4. SDS and HCBS Strategies will then work with Wellsky to automate the tools. This may include additional changes to ensure that the forms reflect the structure and intent of the items within the automated system.
5. Steve said that the rollout of the tools will likely not be until 2020.
 - i. Maureen Harwood added that because the A/SP development is a long term process, the ICC will continue to have opportunities to provide feedback.
6. Deb Etheridge said that implementing the A/SP changes will also require regulation updates and public comment and added that the ICC is the foundation for public comment.
7. Andrew Cieslinski provided an overview of the updates to the tools that occurred as a result of ICC feedback.
 - i. Updates to the Support Plan Interview
 - a. The person-centered interview was moved from the Application to the Support Plan Interview. The ICC recommended this change so that Care Coordinators can complete the person-centered interview with the participant.
 - b. SDS is working to develop new items for the person-centered interview as alternatives to strengths, preferences, and challenges that were presented to the group.
 - c. In the section Where I Live, items were added to determine whether the participant has or wants to change roommates
 - d. Advanced Directives were updated to be Alaska-specific, including the addition of a Comfort One order and a supported decision making agreement.
 - ii. Updates to the Support Plan.
 - a. The goals section has been updated so that it is now voluntary to identify how goals will be measured and adding language to clarify the intent of capturing goals.

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- b. The “Skills Building” column in the activities table was updated to “Building Skills” so it is not confused with CFC skills building
 - c. An item was added to the Emergency Planning to capture whether participants want to be evacuated with other individuals or pets.
 - iii. Andrew said that SDS is working to better incorporate and adapt items so that the tools are more applicable for all populations, including children.
 - a. Steve Lutzky said that SDS has been discussing how the assessment process can be adapted for children with the interRAI team, as they have additional tools for pediatric populations.
 - 1. Deb Etheridge said that SDS will be meeting with the interRAI team in-person in January.
 - 8. Amanda Faulkner asked about the status of the interRAI as the assessment tool.
 - i. Deb Etheridge said that interRAI home care (HC) will be used to replace the CAT as the assessment tool. However, because the CAT is used to make LOC determinations, some CAT items will be added to the interRAI-based assessment to ensure that with new assessment process aligns with the current LOC established by the CAT.
 - a. Deb noted that as part of these updates all interRAI items will be maintained.
 - 1. Steve added that the State has the option to select 5% of the items that they do not want to use in the assessment.
 - b. Deb clarified that the interRAI-HC is intended to replace the CAT, which is used for nursing facility LOC determinations, not the ICAP used for ICF/IID determinations.
 - ii. Deb said that SDS is also looking at adding additional questions beyond interRAI to inform support planning and resource allocation.
 - iii. Deb said that SDS is continuing to learn about interRAI and the case mix system, RUGS, so that the tool SDS develops is the most effective for Alaska.
 - 9. Allison Lee asked whether there would be an opportunity for the ICC to review the Assessment tool.
 - i. Deb Etheridge clarified that SDS needs to meet with the interRAI team and better understand the tool and the interRAI process before sharing with the larger group
 - ii. Steve Lutzky said that there will likely be two separate discussions about interRAI as the new assessment process. The first discussion would address replicating the NFLOC and PCS hours assignment using the interRAI-HC items instead of CAT items. The second discussion would be about whether and how to use the interRAI to assign budgets.
 - 10. Ric Nelson said that he would like to have the opportunity to further review the employment section of the Support Plan Interview. He said that there are subject matter experts in his office he would like to bring in to discuss this section.

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- i. Steve Lutzky proposed setting up a web-enabled call for this discussion. The group agreed.
11. Kim Champney asked whether the revised tools can be shared.
 - i. Andrew Cieslinski said that SDS gave permission to share the revised tools.
12. Denise Shelton asked whether the Support Calendar is still a required part of the Application.
 - i. Steve Lutzky clarified that as a result of the ICC recommending that the Support Calendar is not included in the Application, it will only be required as part of the Support Planning process.
13. Deb Etheridge asked how the web-enabled A/SP review meeting worked for ICC members.
 - i. Allison Lee said that having designated feedback time during the meetings would be helpful.
 - ii. Ric Nelson said that when there are many documents to review, he prefers web-enabled meetings. He also said that he prefers the Zoom system over Webex for ease of use.
 - a. Travis Noah said that he prefers using Zoom as well.
14. Denise Shelton said that the A/SP documents sent to the ICC members were shared on the Care Coordinator's Association's Facebook page to solicit additional feedback.
 - i. Deb Etheridge said that she has concerns about sharing the documents beyond the ICC because they are draft documents that have not been formally approved by SDS.
 - ii. Denise and Allison Lee said that as representatives of Associations they want to obtain feedback from membership. They said that they carefully crafted messages indicating that the forms are draft.
 - iii. Deb said that she understands, but also wants to prevent fear of major immediate change because this is a longer term effort.
15. Steve Lutzky asked how the group was feeling about the A/SP.
 - i. Denise Shelton said that she thinks some of these questions are beyond what is necessary for many individuals because the responses to the items may not align with available supports and services and also may give people hope that the Care Coordinator can help in ways that the Care Coordinator cannot.
 - ii. Denise added that she realizes that it is not an easy transition to have a person-centered process and that the A/SP is a good starting point for this process.
16. Steve Lutzky responded that the CMS rules require person-centered discussions and goals, however do not mandate that services change to support these goals. He described the Shannon Seacrest workflow, which is named after the mother of a child with a disability who emphasized that there were systemic barriers to getting her child's needs met and the current processes did not collect this information. This workflow is embedded in the new Support Plan to allow Care Coordinators and participants to identify barriers or unmet needs to inform the State policy.

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- i. Travis Noah said that the Support Plan seems to be a different way to write the Plan of Care, however it will not fundamentally change the system or services that are available.
 - a. Steve Lutzky said that while the Plan alone will not solve system issues, it will collect information about where challenges and barriers exist.
 - b. Lynne Keilman-Cruz said that she understands that the Plan will not immediately change the system, however if the State does not have a way to capture unmet needs and barriers they do not have the evidence to justify system changes.
- ii. Allison Lee said that the lack of flexibility in service delivery does not support the changes under a person-centered process.
 - a. Travis Noah and Ric Nelson agreed, and provided the example of participants who are required to receive more expensive habilitation services when companion services would be adequate because there is not a comparable service.
 1. Lynne Keilman-Cruz said that she understands, and having data from Support Plans to inform and justify service changes would be critical.
- iii. Ric Nelson said that he likes where the A/SP is headed, however the process is asking a lot of personal questions that do not necessarily apply to services or Support Planning. He said that he would like to have an additional opportunity to review the Support Plan.
 - a. Steve Lutzky proposed having another web-enabled discussion about the Support Plan. The group agreed.
- iv. Travis Noah reiterated that he has concerns about collecting natural supports because it may imply that someone, such as a significant other, is required to provide the support.
 - a. Steve Lutzky said that while he understands Travis' point, the CMS HCBS rules require that all supports, including unpaid supports, are catalogued in the Support Plan.
 - b. Lynne Keilman-Cruz added that unpaid supports are important to document to ensure that tasks such as cleaning are not being solely met by services if other residents should also be responsible.
 - c. Kim Champney said that during the follow-up review, tone and how questions are asked should be considered.
 - d. Denise Shelton said that she understands what Travis is saying, however as the Care Coordinator she needs to be able to develop a picture of the participant for the State through the Support Plan, and if a participant refuses to provide information that picture is less clear and all requested services may not be able to be justified.

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V. Public Comment

1. Lizette Stiehr said that she wanted to applaud SDS for implementing CFC and ISW before the change in administration.
2. Lizette asked whether interRAI would be replacing the ICAP.
 - i. Maureen Harwood said that the SDS IDD Unit has been part of the current assessment development and has been looking at interRAI-DD tools, however replacing the ICAP is a conversation that will occur much further down the road.
3. Lizette Stiehr said that her biggest concern is that under grant services people were receiving flexible services (not 15 minute units) that were similar to case management that allowed them to remain in the community. She said that there needs to be some additional consideration for how the case management-like services can be provided within ISW.
 - i. Maureen Harwood said that SDS has heard this, and Lynne Keilman-Cruz said that the State needs to have a quantifiable need for case management so that they can better understand what services need to be built.
 - ii. Kelda Barstad said that tribally operated case management might be a good option as an alternative replacement for this service.
4. Lizette Stiehr said that she is very excited to hear that SDS has been looking into how to move forward with companion services. She said that companion services would provide additional flexibility that is needed for many individuals who do not need habilitation services. She suggested having a combined cap for habilitation and companion services to allow for even more flexibility.
 - i. Lynne Keilman-Cruz said that SDS appreciates the work that is being done outside of the Division to inform the change. SDS also needs to look at how to add the service without having costs go up.

VI. Next Steps

1. Lynne Keilman-Cruz said that because the ICC has gone beyond its original purpose of guiding the implementation of CFC, SDS would like the group to consider if and how the ICC should continue moving forward.
2. Ric Nelson said that he would propose combining the two ICC meetings so there would only be one ICC meeting. He added that he thinks there should continue to be quarterly meetings.
3. Lynne said that an approach used by other states is having the councils or associations work with participants to nominate individuals to participate. She asked providers to consider how they would identify and support individuals with participating on an enhanced ICC-P.
4. Maureen said that for homework, members should consider what SDS can do to maintain the participant group because there has been a large amount of turnover.

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5. Lynne Keilman-Cruz also asked providers to consider whether the ICC-OS could be phased out if SDS presented similar information at existing provider meetings rather than having an additional ICC meeting that is completely separate.
 - i. Allison Lee said that having the associations at the ICC is important because there are details that may be lost outside of these meetings.
 - ii. Ric Nelson added that having the participants and providers together in the meetings provides a different, valuable perspective.
6. Steve Lutzky said that HCBS Strategies will be sending out Doodle polls for two web-enabled follow-up meetings 1) a more in-depth review of the Support Plan and 2) the Employment, Volunteering, and Training section of the Support Plan Interview.