

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

**INCLUSIVE COMMUNITY CHOICES COUNCIL-OTHER STAKEHOLDERS**

**Meeting Minutes  
February 20, 2019**

**Attendees:** Erin Weis, Sandra Heffern, Steve Geddes, Ulf Petersen, Maureen Harwood, Deb Etheridge, Steve Geddes, Neve Darvis, Christine Culitan, Kim Champney, Jetta Whittaker, Lynne Keilman-Cruz, Jenny Murray, Rodney George, Bay Hidorie, Caitlin Rogers, Moli Atanoa, Kelda Barstad, Caroline Hogan, Patrick Reinhardt, Denise Shelton, Lizette Stiehr, Amanda Falkner, Travis Noah

**I. Overview**

1. Deb Etheridge clarified that there are designated members for ICC-OS and asked that non-members hold their questions until public comment time.
2. Deb walked through the agenda, which can be found at <https://drive.google.com/file/d/1x3Bih1lrTSRP8XIFzdk-0mhIFRmEh6Yg/view?usp=sharing>

**II. Updates to Community First Choice (CFC)**

1. Rodney George reported that there are 995 active recipients on CFC.
2. Rodney said that SDS has begun the process of aligning PCS services and CFC with Plan of Care dates. Rodney said that SDS is ensuring that there are no gaps in services if the dates differ.
3. Rodney reported that SDS continues to train and provide updates on CFC while adjusting processes based on feedback.
4. Rodney reported that SDS has incorporated many processes into Harmony, and are working to allow care coordinators to access the system.
5. Rodney said that SDS continues to work towards improving applications for CFC-PCS. They are currently working with the legal team to determine what updates need to be made around the process for applying for PCS through CFC.
6. Deb Etheridge asked the group for feedback on what has an has not worked with CFC.
  - i. Amanda Faulkner asked whether cost of care payments have impacted participants receiving both CFC and waiver.
    - a. Deb Etheridge said that there are 91 individuals who are not on assisted living, require cost of care, and are receiving HCBS. She said that in 2017 Health Care Services began sending letters to individuals to identify cost of care, so most of these individuals should be familiar with cost of care.

## February ICC-OS Meeting Minutes

- ii. Denise Shelton said that there needs to be further clarification around the roles of PCS and care coordinators with regards to CFC-PCS. She said that the documentation requirements are still unclear, which has been confusing and frustrating for case managers. She said that it would have been helpful to brainstorm about issues and potential solutions with SDS, care coordinators, and PCS agency representatives.
  - a. Deb Etheridge said that she appreciates Denise bringing this concern to the ICC. Deb said that there were many questions SDS needed experience and data to answer when rolling out CFC. While many were addressed prior to implementation, SDS acknowledges challenges and to be reactive to them.
  - b. Denise said that PCS agencies do not have standardized training around documentation. She reported that currently PCS staff turn in the requested paperwork and are then told what needs to be fixed. She said that she would like documentation standards for PCS to be more structured, similar to the waiver where expectations for documentation are clearly defined.
  - c. Denise added that she has spoken with Allison Lee and they said that their solution is to have care coordinators and PCS agencies identify what they do not know and what they need to know around SDS' expectations.
  - d. Deb Etheridge said that she appreciated the suggestion of having a smaller workgroup to work through these issues and will discuss it with SDS staff.

### **III. Updates on the Individualized Supports Waiver (ISW)**

- 1. Maureen Harwood said that the ISW has been rolled out and SDS is interested in hearing feedback from the ICC.
- 2. Caitlin Rogers said that SDS has received 175 Plans of Care (POC). Of these there are 115 individuals who have active status with approved POC, 60 with a drafted POC who are awaiting a determination, 44 who are working towards developing a POC, and 199 who have been issued a level of care (LOC) determination.
  - i. Caitlin said that there are 40 people who have submitted renewal or initial applications and 24 who have an ACC and SDS is awaiting application.
  - ii. Caitlin added that 195 of the original 608 individuals offered the opportunity enroll in the ISW were non-responsive to notices and have been removed. Of these 195, 107 have been re-drawn, including 80 that were recently notified, and have approximately 88 remaining slots that SDS will continue to draw for.
  - iii. There were 27 individuals drawn at end of November who are moving through the process. These individuals getting to approval more quickly as SDS continues to improve operations.

## February ICC-OS Meeting Minutes

3. Maureen Harwood said that the grant programs ended December 31, 2018. 31 individuals have applied for and are receiving safety net services while their waiver applications are being processed.
  - i. Maureen said that there have also been individuals who were very late in responding to the letter to enroll in ISW, and SDS has been accommodating these individuals to the extent possible.
4. Caitlin Rogers noted that there are quite a few individuals who have met LOC but SDS is waiting for their POC to be submitted.
  - i. Denise Shelton said that if an individual meets LOC it would be up to the care coordinator to submit the POC. She said it is concerning this is not happening and asked whether care coordinators have been contacted.
  - ii. Caitlin said that contacting care coordinators is part of the POC remediation, however participants have been notified.
5. Denise Shelton said she had concerns about care coordinator capacity to complete the required paperwork for ISW in a timely manner.
  - i. Caitlin Rogers said that SDS has provided flexibility in timelines to ensure participants can be enrolled in services.
6. Denise Shelton said that care coordinators used to get notifications about where the POC was in the process and when it has been approved. She said that care coordinators have said they no longer receive these notices, and Denise said she is concerned that the new automated system may be the cause.
  - i. Deb Etheridge said that the inability to go live with Harmony has created issues with communication and acknowledged that SDS is aware that care coordinators are not receiving automated notices.
    - a. Lynne Keilman-Cruz added that the automation development plan did not account for the development of notices because care coordinators should have already been in the system. However, she will consider work arounds to address this issue.
7. Amanda Faulkner asked how SDS is communicating with care coordinators outside of the Harmony system.
  - i. Caitlin Rogers said that if SDS receives an incomplete application the care coordinator would be contacted directly.
8. Amanda asked whether providers have access to Harmony so they do not need to follow-up with care coordinators.
  - i. Lynne Keilman-Cruz said that because there is so much oversight and management involved, SDS does not have the capacity to bring providers into Harmony and are focusing on care coordinators.

# February ICC-OS Meeting Minutes

## **IV. Summary of Changes from A/SP Tool Review**

1. Andrew Cieslinski provided an overview of the changes made to the Support Plan and Support Plan Interview as well as the responses to the Person-Centered item survey that was distributed by SDS. The presentation used to facilitate this discussion can be found here:  
<https://drive.google.com/file/d/1Z9O0W9JOFqstZBbwZbqDhyL7xfzaUzVI/view?usp=sharing>
2. Patrick Reinhardt said that the changes to the Person-Centered items strongly reflect participant feedback and should make for a better process.
3. Amanda Faulkner asked how Person-Centered questions would be asked if someone is non-verbal.
  - i. Steve Lutzky said that the care coordinator should observe gestures, signs, and other indicators the participant uses to respond. Additionally, the care coordinator should also speak with someone who knows the participant well.

## **V. Next Steps for the ICC**

1. Deb Etheridge explained that the ICC was developed to react to a mandate from CMS to have an advisory committee to inform the development and implementation of CFC. The scope of the ICC was expanded after CFC rollout to include the assessment and Support Plan (A/SP), which is outside of the original vision.
2. Deb said that because SDS has met the requirement for having the ICC during CFC rollout, SDS is looking at sunsetting the ICC. Deb said that SDS is proposing to solicit future feedback about changes to CFC from an existing workgroup.
3. Deb asked what the group would like to see around the future of ICC and the ability to share input with SDS:
  - i. Kim Champney said that having both participants and other stakeholder groups in the room together was very helpful because it allowed providers to hear participant's perspectives and how participants see changes impacting them. She would recommend continuing to have a dedicated group of service recipients.
  - ii. Kim also said that there are many groups already having similar conversations and suggested that the A/SP and future CFC decisions be informed by one of these groups. She said that she would not recommend proceeding with sunsetting the ICC without having a plan for involving stakeholders moving forward.
  - iii. Patrick Reinhardt said that the Governor's Council has a regulatory committee that meets ad-hoc to review regulations. He said that this group may be ideal for reviewing future changes to CFC. He suggested also including Commission on Aging, PCS providers, and other groups to ensure that there is broader representation for all LTSS populations.

## February ICC-OS Meeting Minutes

- iv. Amanda Faulkner said that she thinks that it has been very valuable to have providers, care coordinators, participants, and SDS in the room to gather shared input. She supported the idea of the ICC merging with the Governor's Council so that there can be very intentional systems discussions to better inform system changes.
  - v. Patrick Reinhardt also suggested that SDS look into joining the DD Collaborative because they have an even larger audience than the Governor's Council.
  - vi. Sandra Heffern said that the ICC has been helpful in gathering input to inform the development of process rather than gathering feedback on processes that have already been developed.
  - vii. Sandra said that joining the Governor's Council or DD Collaborative would not be representative of a large portion of the population that SDS serves, older adults.
  - viii. Sandra said that having a mechanism for SDS to gather input from stakeholders is very important and should not be lost if the ICC is sunset.
4. Deb Etheridge said that the ICC has allowed SDS to obtain input and feedback on areas they did not previously have a mechanism for. SDS will need to continue to obtain input on CFC and will look to develop a manageable mechanism for doing so.
  5. Deb said that SDS will meet after the ICC meetings and discuss the ICC input to determine next steps. This decision will be communicated to ICC members.

### **VI. Public Comment**

1. Lizette Stiehr said that she agreed with Sandra Heffern that the ICC has been a great opportunity to provide input rather than feedback.
2. Lizette read from a letter she had prepared. She said that AADD has concerns about providers not being included in the development of POCs. AADD shared a survey with providers to capture information about how POCs are developed. Two providers said that providers support the writing of goals, eight provide input on goals developed by the care coordinator, and 14 are not involved. Lizette said that the potential for creative options and ideas will be lost if providers are not involved. She said that in rural areas care coordinators may not know the participant and providers are much more familiar and can better inform the development of POCs.
  - i. Denise Shelton said that in most cases the care coordinator needs to work with the participant to determine who should be involved in the support planning process. She said that when participants have not wanted to invite providers she has discussed with them the challenges of not involving providers.
3. Lizette said that the ICC has been valuable and that she has really felt heard. She said that she would like to see a comparable mechanism for capturing input moving forward.

## February ICC-OS Meeting Minutes

4. Emily said that her experience has been that providers are able to provide a significant amount of input to inform the development of applications and support plans while maintaining the conflict free requirements.
5. Emily added that while there are many great care coordinators, they are overwhelmed, especially around ISW, and have a tremendous amount of paperwork to complete beyond supporting individuals. Her agency will be working with participants to access safety funds because their POCs may not be immediately developed because of a lack of care coordinator capacity.
6. Christine Cullitain said that care coordinators are being faced with additional paperwork and other responsibilities, which has made it challenging to hire new care coordinators to build capacity.
7. Christine said that the CFC regulations, communication, and documentation requirements have been unclear. She said that there are additional costs for care coordination agencies in completing CFC documentation that is not compensated.
  - i. Christine added that the addition of multiple new forms puts more burden on care coordinators and is driving them away.
8. Christine said that she has a concern that person-centered planning may result in identifying more respite services, however providers do not have the capacity to provide respite.
9. Christine said that the ISW is not meeting the annual funding needs for people who utilize supported employment, and there are not adequate safety nets to meet those needs.
10. Christine said that there have been issues with communication between SDS and DPA to ensure that completed forms are shared and do not need to be completed by the care coordinator twice. She said that there are opportunities to reduce duplication in many areas and these need to be addressed.
11. Christine said that there are issues around transportation, including the availability of and consistent authorization and provision of transportation for people who use wheel chairs vs. those who do not.
  - i. Lynne Keilman-Cruz said that there is standard guidance for providers.
  - ii. Christine said that there are misunderstandings among transportation providers and available wheel-chair accessible vehicles are not able to meet the needs.
  - iii. Neave Darvis agreed, saying that providers may not be able to take on individuals who need transportation because wheelchair accessible vans are not available.

### **II. Next Steps**

1. SDS will discuss the ICC feedback on next steps for the ICC and communicate this out to group members.