

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

INCLUSIVE COMMUNITY CHOICES COUNCIL-PARTICIPANTS

**Meeting Minutes
February 20, 2019**

Attendees: Margaret Evans, Travis Noah, Ric Nelson, Denise Daniello, Jenny Murray, Deb Etheridge, Jetta Whittaker, Lynne Keilman-Cruz, Rodney George, Caitlin Rogers, Ulf Petersen, Caroline Hogan, Luann Strickland, Lisa Morley, Kara Thrasher-Livingston, Maureen Harwood, Cheri Herman, Moli Atanoa

I. Overview

1. Deb Etheridge walked through the agenda, which can be found at:
<https://drive.google.com/file/d/1T6k7aBya-IZM-d8j725m8fmlVommSrkp/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 and has not worked with CFC.
 - i. Denise Daniello asked about the number of individuals who transitioned to CFC to receive PCS.
 - a. Rodney George estimated that the majority of individuals in CFC (995) would be receiving CFC-PCS.
 - b. Denise said she had concerns about the new legislative budget and thought this would be valuable to demonstrate cost savings.
 - ii. Margaret Evans said that because the care coordinators are now completing the PCS application for CFC-PCS, there is confusion among the care coordinators because PCA agencies previously completed the PCS application. She asked whether there was someone the care coordinators could contact for support.

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- a. Deb Ethridge said that the ICC-OS also provided feedback that care coordinators are requesting additional direction about completing CFC-PCS paperwork.
- b. Kara Thrasher-Livingstone said that care coordinators can email the SDS training unit for support.
- c. Kara said that the SDS training unit continues to hold trainings around PCS regulations and processes for care coordinators. She said that the training continues to evolve as issues are resolved and new questions come up.
- iii. Denise Daniello asked whether there was any feedback on the new cueing and supervision services offered under CFC-PCS.
 - a. Rodney George said that he has seen plans with cueing and supervision services, however has not heard anything directly from participants.
- iv. Ric Nelson asked whether the roles for care coordinators and PCS agencies have been more clearly defined for managing CFC-PCS.
 - a. Rodney George said that both care coordinators and PCS agencies have requested more guidance and training on completing paperwork and providing participants with support. He said that SDS is working to address these concerns.

I. 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.
- 3. Caitlin Rogers said 31 individuals have applied for and are receiving safety net services while their waiver applications are being processed.
 - i. Caitlin added 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.

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4. Denise Daniello asked how care coordinators can determine whether there is an approved POC since they are not in Harmony. She asked whether there was someone they could contact to help determine this without putting too much burden on SDS staff.
 - i. SDS said that they would discuss the appropriate mechanism for communicating this information.

II. 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. Ric Nelson was concerned that only 3% of the responses to the Person-Centered Item survey. He suggested that the survey be re-opened so that there could be more participant responses gathered. He offered to forward the survey to groups such as Peer Power.
 - i. Deb Ethridge said that SDS will re-open the survey so that more participants have the opportunity to respond.
 - ii. ICC-P members were asked to share the survey with participants and participant groups.
3. Travis Noah had concerns about participants only focusing on what they do not have in the "Challenges and Solutions" item.
 - i. Steve Lutzky said that this would be appropriate conversation to have in the "Challenges and Solutions" item. He said that the Shannon Seacrest workflow had been included within the process to capture participant concerns and system issues and barriers so that the State can have a better understanding of these challenges.
4. Denise Daniello, Ric Nelson, and Margaret Evans shared that they felt the updates helped clarify the items for all populations and were responsive to the feedback.
 - i. Margaret added that the items will likely become clearer as they are tested and updated.
5. Denise Daniello suggested to add an item on loss.
 - i. Steve Lutzky proposed to add the item "Have you lost someone or something that is important to you?"
 - ii. The group agreed with this update.
6. Ric Nelson suggested to include an item "What would you like your future to look like?"
 - i. The group agreed with this addition.
7. Ric suggested to have the ability to have participants communicate information that is important to them through pictures and online images.

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III. 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 sunseting 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. Ric Nelson suggested doing a quarterly meeting with the participants and provider ICC groups because both bring different perspectives that can inform each other. This would provide the opportunity to talk about system issues and continue conversations that there may not otherwise occur.
 - ii. Deb Etheridge said that the ICC was based on invitation rather than application, and it has been challenging to have consistent participation across many members.
 - a. Travis Noah said that there needs to be greater participation during the ICC-P. He noted that there was significant engagement in the ICC-OS, however the ICC-P members appeared largely unable to participate in the regular meetings.
 - b. He suggested that if ad-hoc meetings are necessary they are held via web-enabled platforms.
 - iii. Steve Lutzky reiterated the suggestion from the ICC-OS to include representatives from the senior community on the Governor's Council's sub-council for policy review to replace the ICC using an existing group.
 - iv. Denise Daniello suggested potentially exploring whether the Governor's Council or ACOA could absorb the ICC. She said that there should continue to be a mechanism to obtain input before requesting public comment. She added that alternatively, SDS could host an implementation workgroup that meets as necessary for CFC.
 - v. Margaret Evans said that she appreciated the ICC meetings, which allow her to better understand and provide input about the proposed process updates. She said that she is afraid that if the ICC is disbanded, the participants will not have a mechanism to directly communicate their input to SDS.
 - a. Margaret suggested to stagger the provider and participant meeting dates because two meetings in one day is burdensome for the ICC-P. She said that SDS could also combine the ICC-P and OS meetings and allow participants to respond first.
 1. Margaret added that SDS should emphasize that participants will not be penalized for what they share.
 - b. Deb Etheridge said that if there was a combined group, she would like to have greater representation from participants. Deb suggested holding a training session with new members to orient them to the group.

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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.

I. Public Comment

1. Ric Nelson said that participants have shared with him that the Plan of Care (POC) can take up to 9 months to get re-approved. He asked what SDS was doing to address this.
 - i. Rodney George said that there has been some delay in reviewing POCs, but he did not believe that 9 months was accurate. He said that there may be some significant delays while waiting for a response from DPA, however he did not believe that even that would cause a 9-month delay.
 - ii. Caitlin Rogers said that there can be a delay for processing initial participants, but this delay is significantly less for renewals.
 - iii. Caitlin added that the transition to the recent update of the DSM or other systems change may have created a greater temporary delay.
 - iv. Travis Noah said that he has heard that care coordinators have been receiving approvals very quickly and have been impressed by SDS' efficiency.
2. Travis Noah asked whether the portion of the POC that must be signed by a physician could be extended, for example every five years, for individuals who have a permanent diagnosis.
 - i. Caitlin Rogers said that that the timeframe is mandated CMS as part of the LOC process, which requires a verification of diagnosis annually.
 - ii. Ric Nelson asked why SDS requires that each of the participant's physicians sign the POC. He said that this can be burdensome because some individuals have many doctors.
 - a. Moli Atanoa said that the signature requirement varies by situation. If the assessor and participant believe that each doctor can inform the assessment in a different way, SDS wants to obtain feedback from all physicians.
 - b. Ric said he is hearing from care coordinators that multiple signatures are required.
 1. Moli clarified that SDS only requires one signature.

II. Next Steps

1. Deb Etheridge said that SDS will discuss how to proceed with the ICC.
 - i. Deb said that additional input from the ICC may be solicited via a survey or direct email, however all members will be contacted once a decision is made.