

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

**INCLUSIVE COMMUNITY CHOICES COUNCIL**

**Meeting Minutes  
July 31, 2019**

**Attendees:** Margaret Evans, Travis Noah, Ric Nelson, Denise Shelton, Allison Lee, Karli Lopez, Amanda Faulkner, Denise Daniello, Sandra Heffern, Melissa Castaneda, Jenny Murray, Deb Etheridge, Jetta Whittaker, Rodney George, Caitlin Rogers, Ulf Petersen, Caroline Hogan, Kara Thrasher-Livingston, Maureen Harwood, Moli Atanoa, John Lee, Carol Downey, Dean Paul

**I. Overview**

1. John Lee introduced himself and walked through the agenda, which can be found at: <https://drive.google.com/file/d/1J2kDzM7tJIJVM9KPj66EefxPixTm2gIf/view?usp=sharing>

**II. Delineating Roles of Care Coordinators & PCS Agencies in Developing Service Plans**

1. Deb Etheridge explained that the ICC and other stakeholders had expressed concerns about the relationship between care coordinators and PCS agencies with regards to documentation around Community First Choice (CFC). As a result, SDS and HCBS Strategies facilitated several workgroup meetings with these groups.
2. Steve Lutzky explained that the workgroup first developed a workflow to better understand all the documentation requirements for care coordinators and PCS agencies. The group then developed a worksheet to identify timelines and responsibilities for completing required forms and the documentation requirements for each form.
3. Allison Lee said that the workgroup effort was very impactful and while she would have liked to have these conversations occur earlier in the process, she really appreciated the opportunity to work through these complex issues.
4. Denise Shelton said that she also appreciated the opportunity to work through these issues and encouraged wide communication of the outcomes with the associations. She added that while she originally felt like these discussions should have occurred prior to rollout, her experience using the new documents allowed her to provide more informed guidance.
5. Steve Lutzky said that SDS is considering incorporating similar efforts into future systems changes shortly after rollout.
  - i. Allison Lee said that she would like to see at least one meeting prior to rollout to discuss foreseen issues because there were issues that could have been addressed before rollout.

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## **III. Lessons Learned from ISW/CFC Rollout**

1. John Lee said that SDS would like to hear ICC members' feedback about what went well and what was challenging about the rollout of ISW and CFC.

### **2. What Went Well**

- i. Karli Lopez said that participants on the waitlist for IDD finally have hope for receiving some supports thanks to the ISW.
  - a. She added that it was very beneficial to have the grace period in transitioning from grants to ISW so that more thought could be put into developing the plan.
- ii. Ric Nelson said that he heard that many families were grateful to have a mechanism for bridging the service gap while waiting for the IDD waiver.
- iii. Denise Shelton said that while the ISW does not fulfill all the needs of people on the IDD waitlist, it has filled a distinct need.
- iv. Amanda Faulkner said that the approval process has been very quick.
- v. Ric Nelson said that he appreciated the E-alerts throughout the process. This allowed the advocates and other stakeholders to share information with participants.
- vi. Karli Lopez said that she agreed with Ric Nelson regarding communication, however most of the communication she was receiving was coming through care coordinators. She said that care coordinators appeared to be getting information the quickest.
  - a. Steve Lutzky asked whether it is more effective to educate care coordinators and require them to share and explain the information with participants than providing information directly to participants.
    1. Travis Noah said that while many care coordinators do share the information with participants, some care coordinators did not share the information. He said that communication should be directed to all stakeholders.
    2. Margaret Evans said that care coordinators have many responsibilities in addition to all these new changes so having a mechanism to clearly communicate changes directly to participants is also important.
- vii. Allison Lee said that there has been a tremendous amount of collaboration among care coordinators throughout the rollout. She said sharing information through social media has been very effective for both the ISW and CFC rollouts and likely reduced the amount of time SDS had to spend responding to questions.
- viii. Steve Lutzky asked whether part of SDS' communication efforts should be supporting outreach efforts lead by stakeholders. ICC members supported this suggestion.

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## 3. What Were the Challenges

- i. Ric Nelson said that communication about the ISW was not clear and many participants were given incorrect information by care coordinators and providers.
- ii. Ric added that many care coordinators did not want to enroll participants in ISW because it took a tremendous amount of time to gather documents and complete paperwork and they felt they were not being compensated enough for that work.
- iii. Margaret Evans said that neither she nor her care coordinator knew who to contact if they had questions about CFC. She said that her PCA agency was also unclear on the process.
- iv. Travis Noah said that physicians have requested more information about how to complete a disability verification letter that will allow a participant to be approved for a waiver. He suggested that SDS provide a verification letter template.
  - a. John Lee said that there may be an opportunity to do some outreach to physicians to provide more guidance about disability verification letters.
  - b. Sandra Heffern said that she would like to allow healthcare providers to share health records to facilitate enrollment in HCBS programs.
  - c. Sandra agreed it may be helpful to provide a template or checklist for a disability verification letter.
- v. Sandra said that it is unrealistic to expect SDS to do all the communication when rolling out a new initiative and the associations should be used to support communication.
- vi. Amanda Faulkner said that while safety net services provided by Stone Soup were helpful, she recommended these be in place at the start of any new efforts.
- vii. Denise Shelton said that although care coordinators wanted to get people into ISW, however delays in rollout were frustrating for participants and care coordinators. They were also not clear about the status of their applications.
- viii. Amanda Faulkner and Allison Lee said that care coordination capacity is still a major issue. They said that in several areas there are very few care coordinators who will assist participants with enrolling in the ISW.
- ix. Karli Lopez said that care coordinator capacity was an issue and she heard that many care coordinators were only taking on select participants.
- x. Karli also had a concern about communication and was unsure about the status of the application she submitted for her son for too long of a period of time.
- xi. Karli also said there is confusion about whether participants can be on the IDD waitlist while being enrolled in ISW. She said that she has received several letters saying that SDS needed updated information or her son would be removed from the waitlist, however because he just enrolled in ISW, she knows that SDS has the information, but it is now being shared with the waitlist.

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- xii. Ric said that he never received a letter notifying him that he was enrolled in CFC. When he asked his care coordinator about the status of his enrollment in CFC, she was unsure. He said that because there were time limitations for opting out of CFC, this lack of communication may have meant that some participants missed the deadline to opt out.
- xiii. Allison Lee said many care coordinators told their participants to opt out of CFC because they believed it created additional work without much benefit. She added that information around CFC was not well communicated to agencies. She also said that care coordinators and PCS agencies roles were not clearly defined.
- xiv. Denise Shelton said that care coordinators were only informed once about CFC long before rollout and a second letter should have gone out immediately preceding rollout. She noted that the letter sent to participants told them to contact their care coordinator with questions about CFC, however, the care coordinators had not been educated about the program, so they could not answer these questions.
  - a. Denise added that the benefits of CFC should have been more clearly communicated to build buy-in before implementation. Because this confusion persists, she is hearing many care coordinators say that they will only take participants in assisted living.
- xv. Margaret Evans said that she has heard instances of care coordinators dropping participants because the care coordinator did not want to support the participant in enrolling in ISW or CFC.
- xvi. Amanda Faulkner said that there are for-profit providers who will not accept ISW recipients they do not want to provide services for which they believe they lose money (e.g., respite).

## 4. Opportunities for Improvement

- i. John Lee said that communication appeared to be a huge opportunity for improvement and asked the group how SDS could support this in the future.
  - a. Denise Shelton said that having the opportunity to communicate with SDS and address known issues prior to rollout would have been very helpful. She said that most of the ICC conversation was around big picture planning but much of details of the implementation were not discussed with the ICC.
  - b. Caroline Hogan asked whether there was an opportunity to communicate beyond the associations to other provider groups.
    - 1. Allison Lee said that because many providers and care coordinators are not part of an association, communication needs to go further than just reaching out to the associations.
    - 2. Denise Shelton acknowledge that SDS has many obligations and providers and care coordinators understand that SDS cannot communicate messages directly to all individuals and providers.

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- c. Deb Etheridge said that while E-alerts work well for providers, they do not seem to be as effective in communicating with participants. She asked how SDS could better reach participants.
  1. Ric Nelson said that last year when SDS presented at Peer Power, many participants could not understand the material and it was not an effective presentation.
  2. Ric said that SDS needs to be able to present at a level that all individuals can understand. He said that SDS would be welcome to present at Peer Power again.
    - i. Deb Etheridge said that SDS would like to preview future presentations with the Governor's Council prior to presenting to Peer Power.
  3. Travis Noah said that it would be very helpful to have videos and other interactive materials to introduce participants to new concepts and LTSS in general. He suggested having SDS do an interactive interview video that featured participants.
  4. Karli Lopez said that she is simplifying communication for parents and the legislature, including through the parent Facebook group.
    - i. Deb Etheridge said that perhaps SDS could have a representative within the parent Facebook group to answer questions. Karli supported this idea.
  5. Travis Noah said that the medical language and acronyms used by SDS are not understood by most individuals, including healthcare providers. He said that there needs to be plain language communication for all stakeholders.
  6. Kara Thrasher-Livingston said that there is a major initiative around plain language throughout SDS' communications and website. She said that SDS is working to develop training videos and incorporating participant interviews that would make these materials even stronger.
  7. Amanda Faulkner said that plain language is great for broad communication, but she would like to better understand how the review process works and what information SDS specifically needs.
    - i. Deb Ethridge suggested creating a small workgroup of providers, care coordinators, and SDS review unit staff to visit this topic.
  8. Allison Lee said that SDS needs to have clear internal policy guidelines to disseminate information, as there have been many instances where someone receives different answers across SDS staff.
  9. Deb Etheridge said that SDS posted FAQs around CFC. Jetta Whittaker said that FAQs are also available from questions that come in through public comments.

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- d. Deb Etheridge said that the SDS IDD unit is reviewing the criteria for the IDD waitlist which will likely impact the ISW waiver.

### **IV. Adding Chore Services to CFC**

1. Deb Etheridge explained that to obtain enhanced federal match, SDS will be shifting chore services to CFC. This means that participants receiving chore through a waiver will be enrolled in CFC if they are not already enrolled. Similar to the initial CFC rollout, participants currently enrolled in chore through a waiver will be automatically enrolled to CFC, but will have the opportunity to opt out. However, if they opt out, they would lose chore services because those would no longer be available under a waiver. Deb asked the group for input.
  - i. Allison Lee suggested sending out a one-page document that summarizes dates, impact on services, how to handle denials, and reasons for the change.
  - ii. Allison also said that from the provider side it will be very helpful to understand the changes to service units.
  - iii. Caroline Hogan asked the group how SDS could better communicate the potential for changing rollout dates during the regulations package approval.
    - a. Allison Lee said that during CFC rollout, the participant letter went out very early and another round of letters to clarify the issue would have been very helpful.
    - b. Allison said that the major challenge for providers is merging the used and available units when transitioning from waiver to CFC.
  - iv. John Lee said that the comments about plain language are well taken and SDS staff will work to ensure that communications about this change are directed at general audiences.
  - v. Ric Nelson said that during the initial CFC rollout, participants were unclear that services removed from the waiver would now be available through CFC.
  - vi. Travis Noah suggested having the communication available in different formats, including audio and video mechanisms, as well as letters with pictures on them.
    - a. Deb Etheridge said that this is a great idea and SDS would like to utilize this, however reminded the group that SDS is required to be 508 compliant.
  - vii. Amanda Faulkner asked whether there would be additional paperwork requirements for participants transitioning to CFC.
    - a. Deb Etheridge said that participants would have to complete a new application and check the application box for chore.
    - b. Amanda said that the paperwork requirements, including application and assessment requirements, need to be in the case manager communication letter.

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## **V. Other Issues, Questions, & Public Comment**

1. Sandra Heffern suggested using one of the existing callout boxes on the SDS and Governor's Council websites to prominently display links to plain language FAQs, YouTube videos, and other information that should be readily available for participants.
2. Dean Paul asked whether SDS could send out E-alerts via text message because it would be much more convenient for some stakeholders.
  - i. Deb Etheridge said SDS could look into whether this is possible.
3. Denise Shelton and Allison Lee said that there are many worries around reductions in PCA hours associated with CFC. Allison said that CFC is often being blamed for this even though it is largely related to the regulation changes from 2018.
4. Denise said that even though it has been previously discussed, she still sees a tremendous value for companion services.
  - i. Karli Lopez said that she especially sees this need for children because there are no comparable adult day services for children and respite cannot be used as child care.
5. Ric Nelson said that a major issue he has been hearing is that participants who need to travel for work cannot use supported employment to travel. He said that this needs to change, as it is impacting participants ability to work and advance in their companies.
  - i. Deb Etheridge said that allowing travel for supported employment has been towards the top of SDS' list for a long time, however it continues to be overtaken by required Medicaid reform efforts.

## **VI. Next Steps**

1. John Lee said that during the next ICC meeting he would like to talk about solutions to the challenges that were shared.
2. The next ICC meeting will tentatively occur on Wednesday, November 20 with location and time to be determined.
3. John said that to better allow the participants' voices to be heard by the commissioner and also to best utilize everyone's time, SDS is looking to add the ICC as a sub-committee under the Medical Care Advisory Committee (MCAC), which reports directly to the commissioner.
  - i. John added that SDS still needs to meet with MCAC to see if they would agree.
  - ii. John said that this transition will likely not change the ICC membership.
  - iii. The ICC group liked this proposed change.