

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

INCLUSIVE COMMUNITY CHOICES COUNCIL-OTHER STAKEHOLDERS

**Meeting Minutes
Thursday, February 1, 2018**

Attendees: Allison Lee, Denise Shelton, Ric Nelson, Kim Champney, Marianne Mills, David Chadwick, Loranza Reynolds, Travis Noah, Lizette Stiehr, Melissa Heflin, Theresa Briskey, Ken Helander, Amanda Faulkner, Deb Ethridge, Maureen Harwood, Lisa Morley, Lynne Keilman-Cruz, Lisa McGuire, Dee Ellen Grubbs, Jetta Whittaker, Ulf Petersen, Jenny Murray, Jean Findley

I. Overview

1. Information already summarized in the documents and presentations discussed during the meeting is not repeated in the notes. The notes primarily capture the ICC-OS' feedback and input.
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/1cwxxURsFf6X4e8V3XXr4b40FEE78eYv1/view?usp=sharing>
3. Deb Ethridge began the meeting by taking roll and providing an overview of the agenda.

II. Refresher on New Access Process Approach and Progress Update

1. Steve Lutzky provided an overview of the goals for reforming access to services using slide 4 of the presentation.
2. Steve then used slides 5 and 6 to review the input about access process reform that the ICC members previously provided.
3. Using slide 7, Steve briefly reviewed the updated tasks and staff roles within the new access processes.
4. On slide 8, Steve explained that it will be important to begin the discussion about personal goals early in the process so 1) the participant has time to understand the concept of goals and begin to develop them and 2) all staff involved in the assessment and support planning process can understand the participant's goals and use this information to try to develop a plan that best reflects these goals.
5. Steve also explained that the process will help the Care Coordinators understand SDS' expectations for a Support Plan.
 - i. Lizette Stiehr said that expectations for the Support Plan was a recent "Hot Topics" conversation and she is very glad to hear greater clarity will be part of the process.
 - ii. Lizette said clarifying the role of the providers and their involvement within goal development will also be important.

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III. Discussion of Draft Assessment & Support Plan (A/SP) High-Level Workflow

1. The A/SP workflow document that was used to facilitate this discussion. An updated version of this document that incorporates stakeholder feedback can be found here: https://drive.google.com/file/d/1ga5P6_AsLK2O95DWSOomZC2qDVRFoLqT/view?usp=sharing
2. Steve Lutzky explained that the workflow applies to all waivers that currently require the Consumer Assessment Tool (CAT), as well as Community First Choice (CFC). There will be a second phase to update the process for individuals with IDD.
3. Steve provided an overview of the legend, which can be found as the last row of the workflow.
4. Steve then provided an overview of each of the rows within the document.
 - i. Allison Lee said that the provider community is concerned about capacity of the ADRC to serve as the primary point of intake. Lisa Morley discussed how the ADRCs will be building capacity and SDS will increase their responsibilities as this capacity increases.
 - ii. Allison asked whether budgeting for services could be done as part of the Assessment Outputs (Row 4).
 - a. Steve Lutzky said that if the State decided to move to a tiered budget methodology, the A/SP process could be adapted to reflect this. The State will need to hire a separate contractor to develop these tiered rates.
 - iii. Allison Lee said that the provider agency and Care Coordinator responsibilities can often be difficult to differentiate. She gave the example of both the provider and Care Coordinator being responsible for developing a back-up plan under CFC. She wanted to be sure that clarifying the roles would be a specific part of the A/SP development process.
5. Steve Lutzky then conducted a detailed review of each of the rows within the workflow.
 - i. Row 1: Intake- ADRC
 - a. Steve Lutzky explained that the Person-centered Intake (PCI) will need to be updated based on the modifications to the Level of Care (LOC) that will need to be made to use interRAI items. SDS has already captured data for these analyses.
 - b. Steve discussed how the proposed approach includes educating participants about the process during intake. Kim Champney said that one objective from the DD Visioning effort is the development of a welcome/introduction video for individuals entering the long term services and supports (LTSS) system and this could help this effort. The DD vision would include an introduction to services, information about person-centeredness, and roles of the individuals included within the process.
 - i. Lisa Morley said that SDS has discussed coordinating with Disability Law to develop a video(s) to provide information about services and expectations.

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- ii. Kim Champney added that it may be helpful to have a two part video, the first an introduction to the system and then a more specific video on the details of services.
 - iii. Lisa Morley added that SDS would like to develop one-page summaries of roles and services, and Lynne Keilman-Cruz added that having specific videos about each service may provide additional clarity.
 - c. Ric Nelson asked where the selection of the Care Coordinator would fit into the process.
 - i. Steve Lutzky said that it is included as the last component of Row 1, and would occur during the Initial Intake with the ADRC after the PCI and discussion about next steps.
 - ii. Ric said that ADRC staff will need more training if they are going to be able to provide support with selecting a Care Coordinator because the current process can be circular.
 - iii. Lisa Morley clarified said that the STARs and ADRCs will both use the PCI.
 - d. Melissa Heflin asked when the A/SP process will be approved and when it will be implemented.
 - i. Steve Lutzky said that the draft content development will be completed by summer of 2018, and then there will be a one-year development and testing period. Steve reiterated that this does not include the Assessment for IDD, which will be developed at a later point.
 - e. Steve Lutzky said that interRAI is a core component of the new assessment, but other items will be added to create a comprehensive and person-centered process.
- ii. Row 2: Application- Care Coordinator
 - a. Steve Lutzky discussed how the proposed approach also includes having the Care Coordinator explain the A/SP process when the application is completed, but also speculated that the explanation could be simpler for individuals who are familiar with services and do not need an in-depth review of options.
 - b. The participant may be able to opt-out of specific areas in the Assessment and Support Plan that SDS does not require. Identifying components that would be optional would be part of next phase of development.
 - c. Steve said that the brief person-centered interview is an opportunity for participants to tell their Care Coordinator what is important to them and who they are as a person prior to the functional assessment. That way, the SDS assessor can consider this information as well as the participant's support needs.
 - d. Steve briefly reviewed a draft version Colorado's Support Calendar. He said that the proposed process is to update Colorado's Support Calendar to meet Alaska's specific needs.

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- i. Ric Nelson said that many people receiving supports do not have a set schedule, and requiring people to document their life hour-by-hour does not facilitate a person-centered process.
 1. Deb Ethridge said that right now the calendar is a draft tool and it will be updated and more customized for Alaska.
 2. Steve Lutzky clarified that the development of the calendar is not intended to be an exact hourly report, but an approximation of services that will be utilized across the entire period for which services will be authorized.
 - a. Ric Nelson said that while he understands this, he has previously had similar support calendars dictate the amount and frequency of services he would receive.
 - b. Steve Lutzky said that this calendar would only be used to estimate the amount of service hours that participants would need overall and then they should be able allot their hours to fit their schedule.
- ii. Allison Lee said that supports can change quickly, and the Support Calendar may not be adequate to capture shifting supports.
- iii. Denise Shelton said that support calendars can be helpful in better understanding current supports and how services can best help meet unmet needs and reduce caregiver burden.
- iv. Steve Lutzky said that the discussion about unpaid caregivers may include reviewing the caregiver's ability to continue providing support. This discussion would establish supports that may go away and be used to inform the Support Calendar.
- v. Lynne Keilman-Cruz said that training will help Care Coordinators understand that the Support Calendar is a tool and is not actually laying out the specific task hours.
- vi. Steve Lutzky said that because the calendar reflects the participant's preferences, it may help to prevent support staff schedules that are designed primarily around the provider's preferences.
- vii. Lisa Morley suggested that the Support Calendar include rates so that it can total capped supports, such as the Individualized Supports Waiver (ISW), and provide a budget.
- viii. Steve Lutzky suggested color-coding the support calendar to identify supports that may be at risk.
- e. Amanda Faulkner said that guardians need to be specifically included in Support Planning process.
 - i. Steve Lutzky asked whether the Support Plan should reflect both the participant's and guardian's preferences and decisions.

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1. Kim Champney said that there can often be disagreement between the participant and guardian, and documenting and mitigating the disagreements can lead to a more person-centered process.
2. Teresa Briskey said that often the guardian does not consider the participant's preferences, and to foster a person-centered process the participant's preferences need to be documented even if the guardian makes the final decision.
 - ii. Loranza Reynolds said that not considering the participant's opinion can put the provider in a complicated position because the discussion with the guardian about preferences does need to occur. She added that roles of guardian, participant, and provider need to be clearly explained as part of this process.
- f. Steve Lutzky said that he is hearing that guardianship should be factored into the Support Plan. The group agreed.
- g. Travis Noah said that State Guardians often do not know the participants they are assigned to, and as a result do not have knowledge of the participant's preferences. He said that the process may need to require that the guardian is more involved so they can better represent the participant's interests.
 - i. Deb Ethridge said that there will need to be additional discussions about how guardians are involved in a person-centered process.
 - ii. Ric Nelson said that there is a bill going forward to allow Alaska to become a Supported Decision-Making state. This bill may be in place prior to the implementation of the A/SP, and could provide guidance.
 - iii. Maureen Harwood said that often the State guardians are not able to make the meetings with the participant because of their caseload, which can exceed 100 individuals.
 - iv. Steve Lutzky said that the Support Plan could be developed with the participant and sent to the State guardian for approval.
 - v. Deb Ethridge said that State guardians need to be included in the discussion so that they have a voice in what will work moving forward.
 - vi. Lizette Stiehr said that the WINGS project is looking at guardianship in Alaska. She suggested that the project team be included in the A/SP development process.
- iii. Row 5- Support Plan Parameters- SDS staff
 - a. Allison Lee asked whether an Exception to Rule process will be included within the A/SP process.
 - i. Steve Lutzky said developing tier-based budgets for which an exception process is necessary is not currently part of this project. However, the component in row 7, "Justifications for deviations for suggested programs and services", would allow for differences from what SDS assessors thought should be in the Support Plan.

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- ii. Allison said that this process is clearly explained so that the success of the exception is not dependent on the Care Coordinator's ability to convey needs and preferences.
 - b. David Chadwick asked whether the judgement about suggested services is made during the Assessment.
 - i. Steve said that it is an output from the Assessment that will likely be shared with the participant prior to the Support Planning process.
 - c. Deb Ethridge said that the term "Parameters" in the row title should be changed because this step is preliminary and not intended to be a final determination in the process.
 - i. Kim Champney suggested "recommendations" and the group agreed.
 - d. Amanda Faulkner asked about the request for companion services previously made by participants and providers.
 - i. Deb Ethridge said that companion services are part of the next steps visioning for SDS, and that it may be incorporated into CFC.
- iv. Row 7- Support Plan- Care Coordinator
 - a. Steve Lutzky said the proposed approach is to identify both personal goals and the health and safety issues that are not included in personal goals. This could help prevent the need to force the participant to call activities that solely address health and safety a personal goal.
 - b. Steve explained that the next steps in the process are to identify the activities necessary to achieve the goals and the types of support necessary to fulfill the activities.
 - c. Allison Lee reiterated that the roles of the Care Coordinator and providers in fulfilling specific tasks, such as documenting available services and back-up planning, need to be clearly explained.
 - i. Steve Lutzky said that at the end of the Support Plan team members are able to document their concerns, including providers not being able to perform a function, and changes can be made to the plan accordingly.
 - ii. Steve said that if the provider already has a back-up plan established, it would be documented and not need to be duplicated.
- v. Row 8- SDS Support Plan Review
 - a. Steve Lutzky explained that HCBS Strategies will be proposing performance measures to better understand the effectiveness of the A/SP process including how person-centered the process is.
 - b. Ric Nelson asked how it would work if the SDS reviewer does not agree with the participant's goals because they are his/her personal goals.
 - i. Steve Lutzky said that the reviewer would not be evaluating the appropriateness/meaningfulness of the person-centered goals. However, they may look at what health and safety issues are not addressed by the goals and check that those issues are addressed elsewhere.

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- ii. Allison Lee asked what would happen if a service or informal support is not available to address a health and safety goal.
 - 1. Steve Lutzky said that the “Availability of Supports/Unmet Need” piece within the flow would be an opportunity to document this and allow SDS to be better informed about systemic barriers.
- iii. Melissa Faulkner said that the Support Calendar and the goals are often developed by the provider, and the Care Coordinator acts as a middle-man between SDS and the provider. She said that there needs to be clarity about what the SDS reviewer needs to see.
 - 1. Steve Lutzky said that obtaining the provider voice will be an important component as the Support Plan process is developed.
 - 2. Loranza Reynolds said that this will be a major change, and will require coordinated dialogue across SDS, providers, and Care Coordinators.
- vi. Row 10- Reapplication- Care Coordinator
 - a. Allison Lee said that utilization of services in rural and remote Alaska can often be much different and this should be known as part of this process.

IV. Next Steps for Assessment Process Development

- 1. Steve Lutzky switched back to slides 11-12 of the presentation to provide a brief overview of the timeline for the next steps.
- 2. Deb Etheridge said to message Steve Lutzky, Andrew Cieslinski, and herself with additional feedback about the A/SP.

V. CFC Updates

- 1. Deb Etheridge said that the regulations for the public comment period for the entire Medicaid Reform package is complete. She said that the package includes regulations around CFC, ISW, and targeted case management (TCM). The package has been submitted to the Department of Law (DoL) for further review.
 - i. After the regulation package is signed by the DoL, there is 30-day period before it is effective.
 - ii. Deb said that SDS is optimistic that CFC will be rolled-out in May 1, 2018.
- 2. Deb Ethridge said that SDS is sending letters to all individuals who meet LOC to inform them that SDS intends to auto-enroll them in CFC and allow them the opportunity to opt-out. Individuals who do not choose to opt-out will be automatically enrolled with a provider.
 - i. Deb added that providers will be automatically authorized for CFC.
- 3. Deb Ethridge said that SDS has identified approximately 100 individuals who are receiving personal care services (PCS) and may meet LOC. These individuals will have an opportunity to have an assessment to establish LOC and enroll in CFC.

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4. Deb reported that waiver applications for CFC and ISW have been submitted to CMS, along with the updates to the other impacted waivers. Deb explained that SDS now is in an informal back and forth process with the Centers for Medicare & Medicaid Services (CMS) to receive approval for CFC.
5. Lynne Keilman-Cruz said that system changes that are required for ISW and CFC include creating a new eligibility category that impacts the service category. This will also impact the Harmony system and the Medicaid Management Information System (MMIS). There are work orders out for these changes to ensure that CFC and ISW can roll out in time.
6. Ric Nelson said that he is currently receiving PCA and knows he will qualify for CFC. He asked whether there would need to be a reassessment to enroll in CFC.
 - i. Deb Ethridge said that individuals already enrolled in a waiver will not need to have another assessment unless they are not currently receiving PCA and want to receive CFC-PCS.
 - ii. Deb said that there will need to be a revision to the Support Plan of individuals who opt to receive skills building through CFC.
7. Allison Lee asked whether there would need to be additional assurances from providers providing CFC.
 - i. Lynne Keilman-Cruz said that SDS has a curriculum establish for how skills building training should occur. The program administrators for each agency will need to go through this training and provide that training to PCS staff.
 - a. Allison clarified that it would not be an expectation for agencies to submit anything, that they would just need to have this training documented on file.
 - i. Lynne that Allison's explanation was correct.
 - ii. Allison Lee asked whether the enhanced rate is only for skills building because it was not clear to her in regulations.
 - a. Deb said that the enhanced rate only applies to skills building, and that the rate sheet is currently in the process of being updated with DoL.

VI. ISW Updates

1. Maureen Harwood said that SDS has notices with information about ISW have been sent to 600 participants. After the first set of draws to the ISW/DD waivers, SDS has also followed-up with individuals who need to update their DDRR or submit other information before they can be drawn.
2. Duane Mayes said that because of the updates to the ISW timeline, SDS was able to put \$1.4 million back into the Community Developmental Disabilities Grant Program (CDDG) so that it can be disbursed to participants until ISW is in place.

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VII. Person-Centered Intake Update

1. Lisa Morley said that the PCI will replace the ADRC's current intake form, the Pre-Screen.
2. The PCI will provide screening for waivers including CCMC, IDD, ISW, CFC, ALI, and APDD, and other programs including PCS.
3. Lisa Morley said that each individual who enters the systems through the ADRC or STAR will receive the PCI, options counseling, a copy of their PCI, and information about next steps.
4. Lisa Morley said that the PCI will be standardized across the STAR and ADRC, with a target date of March 2018
5. Allison Lee asked whether it has been made public.
 - i. Lisa Morley said that SDS would be hosting a webinar(s) to show the form.

VIII. Input, Recommendations, Feedback, and Next Steps

1. Duane Mayes said that SDS really appreciates HCBS Strategies' development of the A/SP workflow and other processes they have supported.
2. Lizette Stiehr said that there has been a lot of overlapping work and she has been impressed with the speed and progress with which SDS has moved on these efforts.
3. Loranza Reynolds said that it will be important to keep in mind behavioral health and how the A/SP and related efforts will impact the Department of Behavioral Health (DBH).