

Alaska Community First Choice Council (CFCC) Information Regarding the Council and Council Process

1. Why is the Council being formed?

The Medicaid Task Force appointed by Governor Parnell made several recommendations concerning improvements to Alaska Medicaid services. One of the recommendations calls for the State to develop and implement the Community First Choice (CFC) option, a new program allowed under the authority of federal legislation (Affordable Care Act). When Alaska's plan is approved by the federal government, the CFC option will replace the existing consumer directed PCA services in Alaska and will also address how PCA agency services will continue to work in conjunction with the CFC option. The Division of Senior and Disabilities Services (DSDS) will take the lead in this effort.

One of the federal requirements for CFC is the establishment of an advisory group, consisting primarily of consumer/family/advocate members. The purpose of the advisory group includes providing important input and guidance to the State regarding the development and implementation of the Community First Choice option. To this end, DSDS is establishing the Community First Choice Council (CFCC) to act as advisors during the design and implementation phases.

2. What is the role of Council members?

The CFCC provides important input and guidance to the State regarding the development and implementation of the Community First Choice Option. The goals for the CFCC include the following:

- To influence the design and implementation of the Community First Choice Option to best meet the needs of individuals.
- To assist the State with identifying and addressing issues related to the transition of services for individuals currently receiving Personal Care to the CFC Option.
- To advise the State regarding the establishment of a quality strategy that incorporates a continuous quality improvement design.
- To provide ongoing input into the operations of the CFC Option

3. Who are the members on the Council?

The Council consists of two types of membership, voting and advisory. Voting membership includes individuals directly affected by the CFC design. Voting members include consumers, family members, or advocates representing: seniors with physical or medical disabilities, individuals with Alzheimer's disease or dementia, younger individuals with physical or medical disabilities, individuals with brain injury, individuals with developmental disabilities and children with disabilities. Advisory members, while not having a vote on the Council, will provide critical insight about the potential effect of design elements on service provision and provider operation. Advisory members include representatives from the Mental Health Trust, PCA Provider Association, Statewide Independent Living Council, Alaska Native Tribal Health Consortium, Commission on Aging, and the Association on Developmental Disabilities.

4. How many times will the Council meet?

The State will hold at least 5 meetings of the CFC Council during the design phase. Meetings may include face-to-face and/or web-enabled meetings. Council members will also be encouraged to attend any public forums concerning the CFC Option held by the state or its consultants during the design phase. After the design phase is completed, Council meetings will be held quarterly for at least one year after implementation begins. After the time period for the role of the Council has expired, the State may integrate continued guidance on the operation of the CFC Option into its ongoing strategy for soliciting input and guidance about services supporting individuals who are older and/or have disabilities.

5. What topics will the Council discuss?

The scope of issues covered with the Council includes basic design questions, and strategies for implementation and quality management. The Council will provide guidance on the following list of issues.

- Design of the CFC Option, including the following list of design elements.
 - Eligibility
 - Scope of the new benefit
 - Participant directed components
 - Infrastructure required by consumers to assist with access and use of the CFC Option
 - Consumer protections
- Implementation and transition strategy, including the follow elements.
 - Timeline and major activities involved in developing infrastructure for CFC
 - Counseling individuals about individual options
 - Assistance required for individuals choosing to transition to the new service
 - Information and assistance, including counseling about options, for individuals who may be newly eligible for the option
 - Strategy for monitoring and dealing with unintended consequences or other issues
- Quality Management Strategy, including the following elements.
 - Performance measures for the CFC Option
 - Continuous quality improvement structure including discovery, remediation, and improvement components

Agendas and materials to be used for meetings will be sent via email to each member at least one week prior to the scheduled meeting.

6. How can others who are not on the Council provide input to the CFC option?

In person Council meetings will be open to individuals interested in observing the deliberations of the Council. In person Council meetings will occur in 2012 including January 6, March 2 and during the week of May 14-18. A limited audience area will be available. In order to respect the time commitment made

by the Council members and to ensure an orderly Council process, audience members will not be asked to participate in or speak during Council meetings.

Public input is important thus the State will sponsor a number of other opportunities for public input in February and March via web enabled meetings, and as part of in person Community Forums scheduled to occur during the week of May 14-18, 2012. The State will also have a “blogspot” available online to provide opportunities for discussion or input; additionally, stakeholders may contact State staff. Materials developed for either the in-person or web-enabled teleconference Council meetings will be available via the blogspot or to individuals making requests for information. Website information about the blogspot is contained in item 10 of this document.

7. What expectations are there about the participation of Council members?

Council members are responsible to attend all meetings and to provide input about issues requested by the State or identified by the Council. When members cannot attend scheduled meetings, they will notify the State (via phone, email, written note). Meetings will be convened and ended on a timely basis. Members unable to attend the entire meeting (arriving late or leaving early) are requested to let the convener know.

Participation in the meetings is essential. The timeframe for completing the design phase is compact. Thus, consistent participation is required as decisions will be made by those in attendance, and then the agenda will move on. Decisions made at a prior meeting will not be delayed or revisited due to someone’s absence at the prior meeting. This means that voting members not in attendance will miss the opportunity to vote on Council recommendations on that date. A record of the meeting will be available to members of the Council in order to keep abreast of discussion and decisions.

The State will attempt to make reasonable accommodations for any person needing assistance to attend or participate in the meetings due to a physical, medical, or sensory disability. In cases of individual Council members with cognitive disabilities, a personal representative (such as a family member or friend) may assist the person during the meetings if needed to maximize his/her participation.

8. How will decisions of the Council be made?

Every member of the Council is encouraged to provide input. This input is valued as part of the decision making process. However, decisions on issues and recommendations formally adopted by the Council will be made by the voting membership. These decisions/recommendations will be formalized through a voting process as a means to clearly and correctly document the various viewpoints of Council members. Each voting member will have ONE vote. (Personal assistants aiding individuals in meeting participation will not vote but may assist in conveying the member vote.)

Consensus decisions are valued and whenever possible, the goal is to reach decisions based on consensus. The “Fist of Five” will be used as a tool for consensus-building. Thus, votes on each decision will be made using the following scale:

- 5 fingers – total agreement
- 4 fingers - I agree with minor reservations

- 3 fingers – I am okay with the decision, I'll go along
- 2 fingers – I do not agree with some reservations
- 1 finger - I do not agree with major reservations
- 0 fingers -I do not agree, I cannot live with this decision.

Consensus means that all members agree on the substance and the form of the decision. Using the “Fist of Five”, consensus means that all members vote a 4 or 5.

9. Are decisions made by the Council binding on the State?

The recommendations and guidance provided by the Council is not binding on the State. While the State must consider Council input, other considerations also influence the final CFCC design and implementation. These considerations include federal and state requirements, Centers for Medicare & Medicaid Services (CMS) approval, budget restrictions, and factors affecting the sustainability of the CFC over time.

10. Where can I obtain more information?

More information about the Council and a link to the blogspot are available on the DSDS website located at <http://hss.state.ak.us/dsds/>. Individuals may also directly access the blogspot at <http://akcfc.blogspot.com/>.