

Adult IDD Waiver Redesign Stakeholder Meeting Notes
May 30, 2019, 12:00 p.m. – 3:00 p.m.

Stakeholder Attendees in the Room

Kay Speake	Tamara French
Bob Lawhead	Karen Roberts
David Bolin	

Stakeholder Attendees on the Phone

Marilyn Brown	Ke Zhang
Rob Hernandez	Carol Collier
Linda Medina	Ellen Jensby
Dana Held	Denise Hodgert
Pat Chamberlain	Kidron Backes
Gerrie Frohne	Scott Nelson
Leslie Rothman	John Klausz
Shawna Boller	Dana Held
Sara Sims	

Staff Attendees in the Room

Alicia Ethredge
Lori Thompson
Candace Bailey
Rebecca Spencer
Matt Baker
John Barry

John Barry opened the meeting at noon and explained meeting processes like the Parking Lot and that blank note cards are available for participants to give their input. Attendance was done. The HCPF Mission statement and the Office of Community Living Vision statement were presented. The 4/22 meeting notes were approved and will be posted on the HCPF website.

John gave the HCPF legal area's input on the stakeholder request that all waiver redesign stakeholders' email contact information be shared and that all stakeholder names be made public. These two information-sharing items will not be done due to privacy concerns.

HCPF has received about 160 waiver redesign related questions and the 1st group of HCPF's responses will be available at or around the time of the

6/18 next stakeholder meeting. Remaining questions will be responded to at a future unspecified date. Today will begin a new set of Q and A's.

John explained that the Co-chairs participated in a 30-minute check-in on 5/20, and a recording link of that meeting has been shared with all stakeholders, as that check-in meeting was not announced to stakeholders prior to 5/20. On 6/11, there will be a Co-chair meeting preparatory to the 6/18 next regular stakeholder meeting.

John clarified the scope of the Open Forums at stakeholder meetings. These are for announcements, introducing issues, but not for discussion or resolution of these Open Forum items.

Co-chair Report:

1. Bob clarified that consensus would be used for decision-making.
2. Carol emphasized that openness and fairness would be utilized to get the work done.
3. Gerrie asked about sharing stakeholder email. John explained that a stakeholder needs to contact John, who would then ask the other stakeholder for permission to share their email contact information.

Open Forum #1:

1. Pat suggested, for sharing email contact information, a stakeholder sign-in sheet would have an "OK to contact me; yes or no" column. 2nd, Pat asked that HCPF reply more promptly to questions from stakeholders, by prioritizing the "easier-to-answer-factual questions".
2. Karen volunteered to assist the Bolton Actuarial contactors with their task of garnering case studies in order to humanize their data.
3. Gerrie suggested saving more meeting time for actual needed discussion, by replacing the meeting presentations with having stakeholders read the presentation information in advance, using attachments via email. And that this should apply to all upcoming presentations.

4. Bob cannot attend the Co-chair meeting on 6/11. He asked if Charlene could act as an alternate Co-chair. John clarified that until one of the Co-chairs planned to resign, there would not be any alternate Co-chair position.

John explained that all meeting documents are available on the HCPF website. Lori began the discussion of the High Level All Services Crosswalk, the Crosswalk on Personal Supports Services (PSS) and Residential Habilitation (RH), and the Mutually Exclusive Services Table, documents. The High Level All Services Crosswalk compares the planned consolidated waiver to the existing SLS and DD waivers by service title. In reviewing this document, Lori noted that services "NA (Not Available)" in the DD waiver means that that service is already the responsibility of the Res Hab provider. In viewing the Crosswalk on PSS and RH, the detailed services in the proposed consolidated waiver are compared to detailed services in the SLS and then, the DD waivers.

1. Charlene asked about the definition of Personal Support Services. Lori: homemaker and other services have been merged into Personal Support Services, so these are no longer separate. In Res Hab, these are bundled. If someone is not eligible for Res Hab services, these Personal Supports Services are more discrete in the intermittent service description. Lori moved the discussion to the Mutually Exclusive Services Table to show what is accomplished with the consolidated waiver. For example, with Assistive Technology services, a variety of services are bundled when Res Hab is provided, but some services that can be selected as intermittent services, are already provided in Res Hab under the responsibility of the service provider. In the PSS, all of these same services can be selected as intermittent services by the individual receiving services.

Lori continues on: Caregiver Services are a new service. With Home Maintenance Services, if one lives in their own place, they can access Home Maintenance under Res Hab or as a chosen intermittent service. Environmental Modification can either be the responsibility of the residential provider or be a chosen intermittent service. Health & Wellness Services are how alternative medical services are available to consolidated waiver participants. Health & Wellness Coordination is available with Res Hab but is not available as an intermittent service. Using the Mutually

Exclusive Services Table is helpful to see what is bundled in the 24/7 Res Hab model.

1. Leslie asked if bundling homemaker services into PSS would affect Home Care Licensure?
2. Pat asked about what is covered by the daily rate and what would be paid in 15-minute intervals? Lori clarified that on the Mutually Exclusive Services Table, any item marked "NA" on the left side is covered by the daily rate and all other items on the left side would be paid in 15-minute intervals as these are typically provided by a different provider. Alicia added that HCPF is simplifying by imbedding homemaker into PSS. Matt added that personal care and homemaker will be fluid and flexible.
3. Charlene asked if the daily rate would solve the problem of providers seeking to provide services with the highest rates? And can this be fixed by always starting with the person's Care Plan? Matt confirmed.
4. Carol requested for future consideration: does Health & Wellness Coordination in any way conflict with the Medicaid State Plan services (RN, CNA, etc.)?

Personal Supports Services (PSS) Service Coverage Standard discussion. John explained there would be real-time, live edits done, level of consensus determined, and for any items that HCPF cannot immediately change, these would be captured in comments. Under "definitions".

1. Bob added "empowerment, customer choice".
2. Pat added "encouraging independence".
3. David added "confidence for the client to speak on their own and to be listened to".
4. Carol said ensuring empowerment is difficult and added "self-advocacy".
5. Kendra dittoed.

6. Leslie said that "ensuring" is not logical for people not in 24/7 services.
7. Kay questions the word "ensure".
8. Gerrie: "ensure" is needed for Medicaid required services.
9. Rob H. reminded that Adult Protective Services can question a person's capacity.
10. Bob: to implement CMS's Final Settings Rule, "ensuring empowerment" is needed.
11. Charlene dittoed Bob, and added independence, again.
12. Leslie: who would be held responsible when an individual engages in less than healthy choices?
13. David defined empowerment as "process of becoming stronger and more confident in claiming one's rights". Alicia suggested that wordsmithing be done at HCPF, and including "empowerment, self-advocacy, and independence".
14. Pat: define empowerment.

Matt moved on to the Access criteria.

1. Carol gave a grammatical correction. Matt moved on to Covered Services.
2. Gerrie questioned the word "essential" as a way that a case manager could state that the person's preference is possibly not essential. Matt added that choices "governed by the Person-Centered Support Plan" truly governs the service choices more accurately.
3. Bob: under the types of assistance offered, insert "incremental" before "cuing" or "least restrictive cuing".

4. Charlene: replace the "hospitalized person" language with "supporting a person in their full life as independently as possible". This is a more positive statement.
5. Carol: use less of a medical model and more of what community-based settings guide us toward. John called a 5-minute meeting Break.

Matt resumed with PSS Covered Services.

1. Pat emphasized that "health, safety and welfare" are not descriptive of a person living a regular life. Matt added that this reference be added to the definition above.
2. Kidron: add definitions of "important to" and "important for" and emphasize the "important to" items.
3. Kendra dittoes.
4. Gerrie objects to referencing "important for" anywhere in the document as "important for" does not apply to everybody.
5. Kidron agreed that only "important to" is needed.
6. Bob: "important to" refers to a person's desires and wants. Alicia: add a definition of "important to".
7. Carol: also define "important for" so this term can substitute for "health, safety and welfare" which are more medical-model items.
8. Gerrie objects to defining "important for" because this implies someone making judgements about someone else. Matt added that "health, safety and welfare" are more objective measures.
9. Pat: instead of using "important to", just use items identified in the Person-Centered Support Plan.

Matt moved on to Activities of Daily Living (ADLS), the basic, unskilled, self-care activities.

1. David: add J-tubes and/or a variety of feeding options. Matt: G-tubes are in Statute and there may be a need to check the current or revised Nurse Practice Act.
2. Pat dittoed David.
3. Charlene: $\frac{3}{4}$ of living a regular life is missing here, and this prevents people from receiving desired services. Matt suggested that ADLs are quasi-health tasks. Supportive Supervision is for people who don't need ADLs.
4. Charlene: an agency protecting against liability will restrict an individual's choices. Add other services (healthy lifestyle choices, getting into the community) as these are defined in the Person-Centered Support Plan. If these other services are defined in other Service Coverage Standards, make a reference to these other Standards here in Personal Support Services.
5. Carol: Supportive Supervision services were a major added change to satisfy the gap for people to access the community safely. Maybe we need to beef up Supportive Supervision services.
6. Charlene suggests a list of services like healthy lifestyle choices to access services people really need with support. Alicia: we need to look at all of the Service Coverage Standards to see the whole picture.
7. David: The Instrumental Activities of Daily Living (IADLs) include Independent Living (accessing the community, community building, relationship building, empowerment) so that people may need less support in the future. We can expand what is listed in IADLs to meet people's interests.
8. Rob H. described for HCPF staff, how, if people using feeding tubes had failures, costly Emergency Room visits would result. Otherwise, care can be delegated under the Nurse Practice Act.

9. Carol suggested that the service, Community & Personal Engagement (CPE) might be better imbedded into Personal Supports Services. Then a provider could bill more seamlessly when moving from care tasks to going into the community with their service recipient. This would lessen the number of service standards and further simplify the waivers.
10. Bob suggested adding to Covered Services #1a, "characterized by independent living and community living options available to non-HCBS participants" as in the Final Settings Rule.

Matt continued with the discussion of IADLs, these being related to independent living and learning opportunities, and less personal/self-care than ADLs.

1. David added "including but not limited to". Matt: performing "housework" now encompasses "Homemaker Services". And we will note concerns about the Home Health Care licensure and homemaker providers.
2. Kay: take out the word "service" from animal care.

Matt: "d.- self-advocacy training" is new in PSS.

1. Bob: change "training" to "self-advocate supports which may include training and other supports and assistance to provide support to allow people to express their preferences and choices."
2. Carol: "supporting self-advocacy which may include education" instead of the word, "training".
3. Pat questions the implication that people are not making "responsible choices" and suggests "increasingly independent choices".
4. David dittoes Pat and adds that the word "responsible" implies someone making a judgement. Don't limit people's ability to try things and make decisions that work for them, although others may consider these choices "irresponsible". We learn more when

we are wrong so no one should be guiding people toward “responsible” choices.

5. Bob: consider “increasing the numbers of choices” or “enhancing the number of decisions in their life”.

John said this discussion would be continued at the 6/18 meeting.

Open Forum #2:

1. Gerrie: We need the full, complete, never-been-tampered-with Actuarial Report as an attachment before the 6/18 meeting. Candace said this report will not be completed prior to the 6/18 meeting and will need to go through clearance prior to being released. This may be later in the summer.
2. Gerrie: We stakeholders need to request changes to the Actuarial Report before the cost module goes to the Governor 11/1/2019.
3. Shawna: It would be less expensive to put all Personal Supports Services into the PCA model in Res Hab because with personal care at \$21.60 per hour, and homemaker at \$26.92 per hour, a Support Level One person has only \$70.71 per day. John added this item to the Parking Lot list.
4. Pat: First, what is the Actuaries’ deadline? Candace: Contracted work ends by June 30th. After this, there is a thorough clearing and acceptance process prior to any deliverable being released.
5. Pat: Second, funding for Transition Services needs to follow the person, not the location where they live. Third, Respite Services are now not available in Res Hab. But Host Home Providers and Family Caregivers need Respite while their current daily rate goes to a replacement caregiver who is with the individual.

John showed today’s updated Parking Lot Slide:

- Rolling PSS into Res Services
- Transition Services can follow the person, not where they live
- Respite care added to Residential services

- Sign-in sheet to include an "OK to contact" check box – John to check with Legal
- Case studies
- Receiving presentations ahead of time and not spending meeting time going over presentations, specifically Bolton's and HMA presentations for 6/18 meeting
- Home Care Agency licensure regarding Homemaker
- Health Services Coordination service-discuss at future meeting
- New definitions to be added to glossary

Next Steps: 6/18, 12-3 Waiver Redesign Stakeholder meeting. Topics are the Actuarial cost model Q & A and Residential Services and Personal Support Services draft Service Coverage Standards review if needed.

Next Co-chair prep meeting is Tuesday 6/11, 1-2 pm.

--Assess how stakeholder engagement is going including any feedback from stakeholders

--Final prep for 6/18 meeting

1. Bob will be absent for the 6/18 meeting.

More Parking Lot issues were added.

1. Gerrie: The Res Hab service standard needs changing because payment for Home Modifications is moving to the Division of Housing, as announced at the recent IRSS meeting. Candace added this applies to the CES and SLS waivers only, but there may be a need for a definition change.
2. IRSS discussion – changing the rule on Home Modification requests for funding will have to go through Department of Housing. HCPF staff are going to have to make a change in the Res Hab document to reflect this.
3. Carol would like the Parking Lot list online.
 - Parking Lot list online. John Barry to have it posted and to notify all by email.
4. Pat: when will Parking Lot items be discussed? John said that will be addressed.

John closed the meeting at 3 pm

(Respectfully submitted by Gerrie Frohne, family member)