

**GOVERNOR'S COUNCIL ON DISABILITIES  
AND SPECIAL EDUCATION**

**COMMUNITY INCLUSION, SUPPORTS,  
AND SERVICES COMMITTEE  
(CISS)**

**MEETING MINUTES**

**Videoconference Host:**

Governor's Council  
550 W. 7<sup>th</sup> Avenue, Suite 1230  
Anchorage, Alaska

**Videoconference**

**Meeting Date**

Wednesday, January 5, 2022  
1:00 p.m. – 3:30 p.m.

**Council Members:**

Corey Gilmore – Chair  
Art Delaune  
Charlene Taufest  
Director John Lee  
Elizabeth Joseph  
Shelly Vendetti-Vuckovich  
Ken Hamrick

**Guest:**

Maggie Winston	Maureen Harwood
Amanda Race	Rita Eaglehead
Brittany Watkins	Shannon Parker
Joanna Paris	Susan Kessler
Kim Champney	April Cobia
Malan Paquette	Bridger (no last name)
Maria Legend	Mayab (no last name)

**Staff:**

Jamie Kokoszka  
Jess Doherty  
Lanny Mommsen

**CALL TO ORDER – 1:04 p.m.**  
**ROLL CALL – Quorum established**

### **WELCOME FROM THE CHAIR**

Corey Gilmore welcomed committee members and guests to the meeting.

### **CONFLICT OF INTEREST DECLARATIONS**

No conflicts of interest were declared.

### **APPROVAL OF AGENDA, MEETING MINUTES, and CORRESPONDENCE**

Charlene Taufest **MOVED** to approve the agenda as presented, **SECONDED** by Director Lee. During the discussion, Director Lee suggested moving the public comment up in the agenda above the SDS presentation. Director Lee **MOVED** to approve the agenda as amended, **SECONDED** by Ken Hamrick. Hearing no opposition, the motion **PASSED**.

Art Delaune **MOVED** to approve the November 2021 meeting minutes as presented, **SECONDED** by Ken Hamrick. Hearing no opposition, the motion **PASSED**.

Jess Doherty shared information presented at the December 9<sup>th</sup>, 2021 Alaska Association on Developmental Disabilities (AADD) meeting on waiver and waitlist numbers. She stated that the number of individuals on the Intellectual and Developmental Disabilities (I/DD) registry is 717, and 344 individuals are active on the Individual Support Waiver (ISW). There are currently 2,031 individuals on or have been offered a place on the I/DD Waiver, and 571 individuals are on or have been offered a place on the ISW. The I/DD ISW draws for FY 22 included 43 individuals drawn for the I/DD Waiver and 66 individuals for the ISW Waiver.

### **BUSINESS**

#### **Introduce and Ratify Mission Statement**

Corey Gilmore shared the draft mission statement as follows:

*To create systemic change to help Alaskans direct their own support and have a meaningful life in their home, job, and community across the lifespan.*

Director Lee **MOVED** to accept the mission statement as presented, **SECONDED** by Shelly Vendetti-Vuckovich. Hearing no objection, the motion **PASSED**.

#### **Stakeholder Input/Comment**

Corey Gilmore opened the floor for stakeholder input and public comment.

A guest asked questions about the subsidized mortgage program via the rural development loan program for individuals with disabilities. Corey Gilmore noted that he would follow up with staff for information.

Shelly Vendetti-Vuckovich commented on the e-alert sent to care coordinators regarding the changes coming up to third-party liability and the processing of Medicaid claims effective April 1<sup>st</sup>. She noted that there was a federal mandate in 2018 that was amended in 2019. Alaska is one of two states that had not made the change yet. She described the hardship that the immediate implementation would place on care coordinators and agencies. Shelly recommended that the Governor's Council look at the impact on individuals with disabilities and what other states are doing to comply with the mandate. Director Lee responded that SDS is putting together a FAQ sheet to help clarify the e-alert.

### **SDS Presentation**

Director John Lee directed the members to a PowerPoint presentation titled *American Rescue Plan Act (ARPA) eFMAP Spending Plan*. He stated that the purpose of the presentation was to update the committee on changes proposed to the Center for Medicare and Medicaid Services (CMS) on the state's ARPA eFMAP plan. The changes resulted from overwhelming stakeholder requests due to ongoing pandemic concerns and pandemic-related staffing shortages. He noted that through the American Rescue Plan Act, states were given the opportunity to apply to CMS to draw down a one-time enhanced federal match of 10 percent with general funds (GF) saved to be redirected to programs that expand, enhance, or strengthen a state's Medicaid Home and Community Based Waiver programs. CMS issued State Medicaid Director Letter (SMDL) # 21-003 on May 13 that outlined program requirements. Director Lee highlighted the following information:

- States were given 30 days from May 13, 2021 to develop and submit plans and were later given the opportunity to request a 30-day extension.
- SDS began stakeholder engagement following the May 13 SMDL that included face-to-face and written input to get ideas on activities to consider.
- State constraints given to SDS included:
  - Must not obligate the state to additional GF matches
  - Must not require regulation changes or waiver amendments
  - Must be able to unwind projects after the funding expires
  - Ideally, conduct projects that solve problematic issues by enhancing, expanding, or sustaining HCBW programs (this constraint removed for revised plan)
  - Must accommodate as much stakeholder input as possible given available funding, time, and above constraints.
- Additional 10 percent = \$27,298,764 eFMAP potential through March 31, 2022
- States must implement programs to expend the GF equal to the enhanced FMAP between now and March 31, 2024

- To meet constraints, initial plans were designed as demonstration projects with providers and recipients who were willing to participate in the demonstration projects
- The initial concept was for successful projects to be made permanent through subsequent regulation or waiver amendments.

Summary of initial stakeholder input included:

- Workforce development/sustainment
- Caregiver rate increases, bonus programs, et cetera.
- Improve access to care coordination
- Adding companion services
- Enhance transitional services and capacity
- Enhance access to environmental modifications
- Add hours to the ISW
- Reduce the waitlist
- Serve/protect vulnerable populations.

Current status:

- During the summer and fall, COVID resurged in Alaska and has hit HCBW providers and recipients significantly hard.
- Most stakeholder groups asked the State to reconsider plans due to the impacts of COVID on HCBW providers and recipients.
- Some stakeholder groups were very supportive of the plans and encouraged the State to implement them.
- DHSS held follow-up sessions on October 29 and December 3 to allow stakeholders to provide input on revisions to the plan.
- Based on that feedback, SDS proposed changes to CMS that were consistent with the constraints on what they could propose.

Initial initiatives proposed:

- Enhanced payment for targeted care coordination serving complex individuals transitioning from institutions. (Eliminated)
- Transition costs for people with complex care needs leaving institutions. (Eliminated)
- Staffing-based rates for assisted living facilities serving complex care cases for individuals leaving institutions. (Eliminated)
- Professional development/educational initiatives for direct service professionals (DSPs).
- Companion services for seniors transitioning back to home from institutional settings. (Eliminated)
- HCBS critical incident detection system.
  - (Note: The eliminated projects were projects stakeholders asked to drop in order to come up with the funds needed to support DSPs.)

### New proposed initiative:

- Reimbursements to Home and Community-Based Services (HCBS) waiver providers to cover the costs associated with recruiting and retaining DSPs and other unique costs associated with the pandemic.
  - The initiative would allow HCBS waiver providers to be reimbursed for the following types of payments to DSPs:
    - Bonus or hero pay for DSPs
    - Recruitment, retention, and referral bonuses
    - Hazard bonuses for staff working through the pandemic
    - Overtime pay as the result of staffing constraints due to COVID
    - Paid leave for COVID needs (vaccination, sickness, quarantine, et cetera)
    - Shift differential payment related to the pandemic.
  - Costs associated with mitigating the pandemic, such as personal protective equipment, will also be eligible for reimbursement. SDS may also approve other incentives related to addressing pandemic-related issues if they are not duplicative of what is included in current rate methodologies or covered under another provision included in Alaska's approved Appendix K.
  - SDS will assign a quarterly allocation that each provider may draw down upon to cover the costs outlined above.
  - Relevant HCBS claims will include all 1915(c) waiver services that rely on DSPs.
  - SDS is developing a system for providers to submit their expenditures by type, and that will track funds that are remaining.

### Summary:

- The proposal will offer relief to waiver services providers by allowing them to use funds as needed to support their workforce within the constraints. These plans also conform to constraints CMS gave SDS during two consultative calls during the development of these plans.
  - This proposal maintains that a small portion of funding be directed toward professional development that they hope will help build and maintain a strong DSP workforce.
  - It also maintains a small project to enhance recipient safety and welfare through the development of a new critical incident detection system.

### The next steps include:

- Revised ARPA eFMAP plan submitted to CMS.
  - May require Appendix K amendment.
  - CMS will consider if they will approve this as qualifying for FFP match.
  - If FFP match is approved, this would double the funds available.
- DSP Professional Development Project and Critical Incident Detection Project still pending final approval from CMS
- Develop provider agreement and reporting mechanism to execute plan once CMS approves

- Partner with agencies and advocacy groups on how to most efficiently capture and report qualifying expenses.
- Execute plan.

Director Lee stated that as soon as they have CMS approval for the projects, they will move forward with the plans as quickly as possible. He noted that DHSS put out two requests for information (RFI): one for ideas for supports for adolescent individuals with complex needs, and the other was for adult individuals with complex needs. DHSS wants proposals from providers of what providers think they can do and how.

From her work on the DSP workforce, Kim Champney stated that the commitment to professionalizing the DSP workforce and SDS partnering with DSPs is aligned with the Shared Vision. She noted that the Vision could accomplish nothing without a professional workforce. The intent is to create a certification process that recognizes a level of skill so that people have the training and philosophy around people living the life they choose and directing their support. She is grateful that it remained part of the plan, and she thinks investing in the providers will benefit people with disabilities.

### **Goal of CISS**

Corey Gilmore shared a PowerPoint presentation titled *The Need for Unification* and highlighted the following information:

- There is a need for unification.
- "I live the life I choose with the support I direct." The Shared Vision has a mission statement that embodies that statement. A conflict between the Shared Vision and Medicaid medical model creates a problem with realizing Shared Vision goals. How do we bring these two together?
- The system works best when people spend time doing what they love, doing work they love, and living with people they love.

Corey Gilmore noted that the overarching question is how can things be done differently to bring the two conflicting ideologies together? He shared that the committee could begin by investigating other states regarding self-directed services and budget authority, and shared that he would welcome committee member input on what issues the committee could impact change. Director Lee commented that looking at other states is a concrete way to address systematic changes.

### **Objective of CISS**

Corey Gilmore noted that the Early Intervention and Education Committees were absorbed into CISS Committee. Corey pointed out that the CISS Committee plan is focused on DD issues. He values education as part of the committee's work.

### **ICC Presentation**



Maureen Harwood shared that the Early Intervention/Infant Learning Program (EI/ILP) was asked to present to the CISS a mission moment. Susan Kessler shared a PowerPoint presentation titled *Early Intervention/ILP Overview of Services* and highlighted the following information:

- EI/ILP is housed in the Division of Senior and Disability Services in the Department of Health and Social Services
- Early Intervention is federally mandated through Part C of the Individuals with Disabilities Education Act (IDEA)
- Early Intervention provides services and supports to families with children birth to their third birthday when the child has a developmental delay, disability that is likely to lead to a developmental delay, or is at risk for developing a developmental delay
- Services may include special instruction, occupational, physical, or speech therapy, hearing and vision supports, infant mental health interventions, and other supports as needed.
- ILP receives federal and state funding, which is administered by the State through grants to various organizations. In addition, local programs bill Medicaid and insurance for case management and therapy services.
- Currently, 15 ILP programs serve Alaska. Early Intervention is available in every community in the state.

Part C eligibility criteria:

- Diagnosed Disability –Down syndrome, FASD, autism, congenital blindness or hearing loss, failure to thrive, vision impairment, et cetera.
- 50 percent delay in one or more areas – Gross motor, fine motor, receptive/ expressive language, self-help, social-emotional, cognitive.
- Clinical Opinion of ILP Team – If disabilities are significant but difficult to measure with a tool, they may be made eligible by the team.
- Non-Part C Eligibility – In some parts of the state, children who do not meet Part C eligibility requirements may access services if resources allow.

Personnel for early intervention includes:

- Early Childhood Educator
- Early Childhood Special Educator
- Occupational Therapist
- Physical Therapist
- Teacher of Visually Impaired
- Speech-Language Pathologist
- Infant/Early Childhood Mental Health Specialist
- Teacher of the Deaf/Hard of Hearing

EI services include:

- Early intervention providers work to help caregivers support children to improve existing skills, learn new skills, and increase their ability to use these skills in future situations, daily routines, and activities.
- Providers strive to meet the parent where they are at and listen to concerns and needs. They have a flexible schedule where the caregiver can engage in many

conversations or just a few, can ask for ongoing help, or just receive some strategies.

#### The mission of EI/ILP:

- The Alaska Infant Learning Program is a statewide system of professionals dedicated to serving all Alaskan families with children who are at risk for or experience developmental delay.
- The Alaska Infant Learning Program envisions a system where all Alaskan families have access to the services and resources to help their children thrive.
- Their mission is to build upon natural supports and provide resources that assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.

#### Seven key principles:

- Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar context.
- All families, with the necessary supports and resources, can enhance their child's learning and development.
- The primary role of a service provider in early intervention is to work with and support family members and caregivers in children's lives.
- The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles, and cultural beliefs.
- IFSP outcomes must be functional and based on children's and families' needs and family-identified priorities.
- The family's priorities, needs, and interests are addressed most appropriately by a primary provider who represents and receives team and community support.
- Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

#### Referrals:

- FY 20 – 3,434
  - Medical -1,720
  - Social services – 998
  - Family/friend – 586
  - Early childhood – 81
  - Other – 49
  - (Note: Out of the 3,434 referred, approximately 1,800 were found eligible and enrolled in the program)

#### Enrollment by age FY 20:

- 1,062 (2-3 years)
- 458 (1-2 years)
- 284 (0-1 year)



Shannon Parker, the TA program manager with the State ILP office, shared a snapshot of what services look like for infant learning in the Bristol Bay Region. She noted that one team covers the entire region, and they depend on good weather and good mechanical aircraft to get them to where they need to go.

Corey Gilmore commented that the CISS Committee looks forward to hearing about the activities of the EI/ILP and the opportunities to collaborate on early intervention for children with disabilities and their families.

Malan Paquette commented that the Alaska Early Childhood Coordinating Council published a 15-page document in December 2021 containing additional resources that may be useful for the EI/ILP topic.

### **Open Comments from Group**

Corey Gilmore opened the floor for final comments related to the meeting. Attendees noted they liked the Star Trek analogy, enjoyed seeing Corey's artwork in his presentation, and they agreed that the SDS presentations were very informative. Malan Paquette noted that self-employment with services applied as directed by a service recipient is sustainable, and she supports that for people with disabilities.

### **GOOD OF THE ORDER AND ADJOURNMENT**

The next CISS Committee meeting is scheduled for February 2<sup>nd</sup>, 2022.

Corey Gilmore adjourned the meeting at 3:32 p.m.