



AADD ALASKA

February — 2019

Improving Plan of Care Development

The ICC (Inclusive Community Choice Council) is required of states implementing Community First Choice (CFC) option which provides an increased federal match of 6% more. The members of the council must include those who receive services. Alaska chose to include the Individualized Supports Waiver and their person-centered intake process into the ICC process. This gave both self-advocates and providers an opportunity to have input into the system. The new person-directed intake process proposed did not include any provider input.

Amanda Faulkner, AADD's representative on the ICC wrote a formal letter documenting the following concerns: "The AADD membership is deeply concerned that the proposed person-centered planning process eliminates joint collaboration with the provider. We recognize and respect that the support plan process is directed by the individual; however the process sets an unspoken line that providers are not part of goal development but should blindly implement goals and methodology without input. Service provider agencies are individualized and have varied service options and philosophies. If service providers are not part of the planning team from the beginning then creative options/ideas may be lost to the individual receiving services. "

To supplement this formal letter, AADD members were asked to rate which one of the following three statements was the most accurate for their organization:

1. Your organization doesn't write any goals for the Plan of Care
2. You provide input to the care coordinator on the goals
3. You write the goals for the Plan of Care

Twenty-two provider organizations responded to the survey including one STAR program and 3 care coordinators/agencies. Eighteen of the respondents (including the 3 care coordinators) said they write goals for the POC. The two organizations that said they don't write any of the goals, do write the methodology or objectives for the goals. Multiple programs said they both write goals in some cases and provide significant input in other cases (eleven programs). The significant input provided is based on several factors including the care coordinators experience, writing skills and requests. In rural areas, where a care coordinator travels to the individual, providers have been told they must write the goals, as they know the individual. Naturally the desire of the individual and/or their guardian or family drives the decision-making as well.

Many of the survey's narrative responses spoke to the importance of having the providers involved in plan development. One commented, "the potential for creative options and ideas will be lost to individuals receiving services if providers are not part of the process. ...Some of the most creative person-centered goals/solutions, when I was a case manager writing plans of care, came from providers and their staff."

A collaborative and flexible approach allowing the individual/family, care coordinators and organization's staff to work together is a key to moving toward our shared vision.

DHSS UPDATE

Donna Steward—Deputy Commissioner for Medicaid and Medical Services in DHSS

- Doug Jones is the new Acting Director for the Office of Rate Review.
- The Department has implemented a hiring freeze for new positions.

Deb Etheridge—Acting Director of SDS

- Deb's Acting Director status is confirmed through April 15, 2019
- Individualized Support Waivers
 - 115 active ISW's
 - 60 additional plans in stages with 44 of those in DPA
 - 199 individuals have met Level of Care for ISW
 - 27 additional names drawn in November and 80 at the end of January
- Lisa Morely has sent 36 names to the Safety Net (at Stone Soup) to support ISW's not yet completed. Those who do not meet LOC are eligible for \$10,000 annually.
- There have been no changes to date in the Family Habilitation Home billing. They are *not* required to bill independently.
- SDS's letter on the companion services process has gone to the legislature and information shared with the Department administration.

World Down Syndrome Day 2019

World Down Syndrome Day is observed on March 21, 2019. It is a day on which Down Syndrome Organizations throughout the world organize and participate in events to raise public awareness of Down Syndrome. The day takes place annually. The first World Down Syndrome Day was celebrated on April 21, 2016.

Often Down Syndrome, also known as trisomy 21, is associated with a delay in cognitive ability and physical growth. The incidence of Down Syndrome is estimated at 4.6 per 10,000 births and it occurs in all human populations.

Down Syndrome

1. Genetic condition resulting from a third copy of the 21st chromosome
2. The innate ability to see the good and beauty in the world. To radiate joy and happiness, and to offer a unique perspective on life with the ability to change others' perceptions

AADD is excited to host BARBARA MERRILL, CEO of ANCOR for our April 9th Face to Face meeting. Her keynote is titled:

Paying for Outcomes, Defining Value: Are you Ready: Social determinants of Health. Value-based payments. Measuring outcomes. Integrated care. Managed care. Are these just new ways of stating what providers have been doing for years, but packaged differently? Is it about improving outcomes or saving dollars? Is that a false dichotomy? What are entrepreneurial providers doing to ensure their organizations are best positioned?

Included, Supported, Empowered! National and State Initiatives to Address the Workforce Crisis—A lunch networking session on the workforce crisis, the most urgent challenge facing providers across the country. Audience participation is encouraged.

Living Well on the Last Frontier (aka ACL Grant) was awarded the Governor's Council with funds for AADD providers to enhance natural supports. Watch for a March 1st Request for Proposal coming out allowing your organization to apply for up to \$27,000 the first year.

Calendar for March/April

March 14, 2019	AADD monthly meeting via zoom
March 21, 2019	Compliance Group 8:30—9:30
March 21, 2019	CFO Group 10:00—11:00
March 22—23, 2019	Parent Conference —Stone Soup
March 28, 2019	Hot Topics—to be announced
April 9, 2019	AADD Face to Face meeting all day
April 10—12, 2019	Full Lives Conference—ATC

Stone Soup Group Spotlight



Stone Soup Group Staff

Stone Soup Group exists to sustain the health and well being of Alaska children with special needs and their families. Through listening to the stories of families, we identify areas of need and work with communities to find solutions.

Stone Soup Group's main office is in Anchorage with regional parent navigators

in Fairbanks, the Kenai Peninsula and in Southeast Alaska.

They have 4 STAR navigators serving approximately 100 families a month in Anchorage or any family/individual relocated either in Anchorage or out of state due to medical care.

Stone Soup Group has a Safety Net program that serves:

- 36 awaiting ISW service authorization (\$5000 cap)
- 2 that do not meet Level of Care (eligible for up to \$10,000/annually)

Other services include:

- 1,200 families receive parent navigation annually
- An average of 50 families/family members attend activities and training offered each month
- 12 are connected through Family to Family where a trainer parent "mentor" is linked to a family with a similar diagnosis to provide information and support.
- Stone Soup Group hosts an annual Parent Conference attended by approximately 100 families. This year's conference is focused on challenging behaviors.

The majority of staff at Stone Soup Group are family members of children with special needs. So they know what it is like to go through the process both on a technical and emotional level.

Your AADD Board

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Amanda Faulkner, Vice President

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