THE STATE of ALASKA
GOVERNOR BILL WALKER

Department of Health and Social Services
ALASKA COMMISSION ON AGING
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March 3, 2016

The Honorable Pete Kelly, Co-Chair
The Honorable Anna MacKinnon, Co-Chair
Senate Finance Committee
Alaska State Capitol, Rooms 518 & 516
Juneau, Alaska 99811-1182

Subject: CSSB 74, Medicaid Reform

Dear Chair Kelly and Chair MacKinnon:

The Alaska Commission on Aging is a Governor-appointed body within the Department of Health and Social Services that serves to ensure the dignity and independence of all older Alaskans by addressing their needs through planning, advocacy, and education through interagency coordination efforts. Home- and community-based long-term support services provided through the Medicaid waiver and Personal Care Assistance support seniors who are Medicaid-eligible and need assistance with activities of daily living and instrumental activities of daily living so that they may live in their homes and communities for as long as possible. The Commission has provided recommendations to the Medicaid Reform Advisory Group and serves as a member of the Department of Health and Social Services Medicaid Redesign Key Partner Committee.

Based on findings from the 2014-2015 Alaska Senior Survey, access to health care was identified as the #1 most pressing concern for Alaska seniors according to 48% of the 2,280 survey respondents age 55 years and older. Last fall, the Commission conducted four community forums held at senior centers in Anchorage, Fairbanks, Juneau, and Mat-Su to share information about the proposed Medicaid health care reform efforts and to seek input from the senior community regarding them. There were a total of 45 participants who attended the community forums representing seniors, family caregivers, senior providers, and other public members. We want to take this opportunity to provide a summary of their recommendations for Medicaid health care reform as they relate to CSSB 74.

- Improve access to information: Seniors appreciate clear instruction of how public members can access medical assistance health care services and to have this information communicated in multiple media formats such as television, radio, and the newspaper, as well as by electronic means, and to distribute this information to senior centers, adult day programs, the Aging and Disability Resource Centers, among other senior settings. Improved access to concise and easy to understand information about Medicaid was a consistent theme across all forums.

- Strengthen primary care: Seniors depend on their primary care providers for the majority of their health care needs. Forum participants desire a comprehensive patient-centered, case management system that addresses an individual's integrated health care needs in the primary care setting and provides assistance to the patient and their family with navigating health care options. This enhanced case management approach has shown to work well for seniors because it provides whole patient medical and behavioral health care in the primary care setting, where seniors most often obtain their health care services.

- Patient case management: Forum participants identified case management as a critical component of Medicaid health care reform particularly for individuals with multiple chronic care needs and those newly discharged from the hospital. Patient case managers can check-in with patients and their caregivers to ensure they are following medical/aftercare discharge instructions and are connecting with appropriate home- and community-based services to support their health and recovery efforts. Further, frail seniors, persons with sensory loss, and those with cognitive impairments who do not have a trusted family member or friend to accompany them to medical appointments would benefit from a patient navigator to facilitate an accurate exchange of information between the patient and their doctor and to ensure that patients are included in decision-making affecting their care.

- Family caregivers: Families and other natural support caregivers provide the foundation of long-term care for seniors and others with disabilities at a low cost to the state but often at a high cost to caregiver health and finances, especially for those who care for loved ones at home with dementia. Forum participants noted that targeted training and supports could reduce personal caregiver costs and lengthen the amount of time caregivers are able to provide quality care at home and should be included under Medicaid reform as a strategy to control long-term care costs.

- Telehealth: The senior community supports building capacity and implementing greater use of telehealth in order to address Alaska's shortage of healthcare providers, enhance access to specialty services such as geriatric health care and dementia care, and to improve access to health care in rural and remote settings utilizing licensed Alaskan health care providers.

- Medicaid State Plan Options: The senior community also supports developing and implementing Medicaid State Plan options as part of Medicaid Reform efforts. The 1915(k), for example, is a promising strategy to refinance Personal Care Assistance and other services with an increased 6% federal reimbursement rate. In addition, the 1915 (i) could be used to extend waiver services for vulnerable Alaskans with cognitive impairments, such as those with early to mid-stage Alzheimer's disease, who do not qualify for the level of care required by the waiver. Personal care, adult day, behavioral supports such as cueing and supervision, case management, family caregiver supports, and other services could be covered under this option thus saving General Funds. The 1915(i) option could also provide a more appropriate funding source for the General Relief program (funded with 100% GF), administered by Senior and Disabilities Services, which is intended to provide emergency and temporary assisted living home placement but is often extended when other payment sources are not available. Further, the 1915(i) could also refinance the Pioneer Home's Payment Assistance Program for residents with dementia who do not qualify for the level of care required by the waiver.

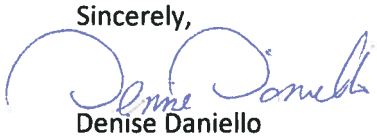
- Maintain Medicaid adult optional services for dental, vision, and hearing as these services, not covered by Medicare, are very important for seniors with limited incomes.

We appreciate the good work of the Legislature, the Department of Health and Social Services, other state agencies, and stakeholders who collaborated in drafting this legislation and for the ongoing commitment to Medicaid health care reform. Please feel free to contact Denise Daniello, ACoA's Executive Director by phone (465-4879) or email (denise.daniello@alaska.gov), for further information. Thank you.

Sincerely,

Mary E. Shields
Chair, Alaska Commission on Aging

Sincerely,



Denise Daniello
ACoA Executive Director