



Medicaid Home and Community Based Services (HCBS) Reform Community Forums



Objectives

- 1. Understand why Senior and Disabilities Services (SDS) needs to change HCBS**
- 2. Review input we received from the previous forums**
- 3. Explain SDS' vision for changing the system**
- 4. Start the process of obtaining input on our plan**



Senior and Disabilities Services' Website

Visit: <http://dhss.alaska.gov/dsds/Pages/default.aspx>

STATE of ALASKA
Alaska Department of Health and Social Services
Senior and Disabilities Services

Home Divisions and Agencies Services News Contact Us

Health and Social Services > Senior and Disabilities Services

Welcome to Senior and Disabilities Services

Our mission is to promote health, well being and safety for individuals with disabilities, seniors and vulnerable adults by facilitating access to quality services and supports that foster independence, personal choice and dignity.

We're expanding Medicaid to cover more Alaskans.

Click here to learn if you are eligible

By federal requirement, an act of Congress provides guidance to the state and public health programs and 1915(k) Community First Choice demonstration and Community-Based Services (HCBS), and other programs. Find out more:

Medicaid Reform in Alaska Inclusive Community Choices

1915(i) and 1915(k)

Click here for more information about the reform initiative

Senior and Disabilities Services

- Home
- Our Mission
- Contact Us
- Centralized Reporting

Units

- Adult Protective Services (APS)
- CAT Review Unit
- Early Intervention/Infant Learning Program
- ...
- Assessment Unit
- ...
- Developmental Disabilities (DD) Waiver
- ...
- Training, Technical Assistance & Hearings
- ...
- Program Development
- ...
- Provider Certification & Compliance
- Quality Assurance (QA)
- Research & Analysis

Programs and Offices

- Ageing and Disability Resource Centers
- ...

STATE of ALASKA
Department of Health and Social Services
Newsletter - July 2015
Spotlight - Recognitions

Click here for more information about this effort

Programs SDS Oversees

HCBS Waiver

PCA

Senior &
Community
Based Grants

Nursing
home/LTCF
authorizations

DD Grants

Adult
Protective
Services (APS)

Infant Learning
Program (ILP)

Center for
Independent
Living (CIL)



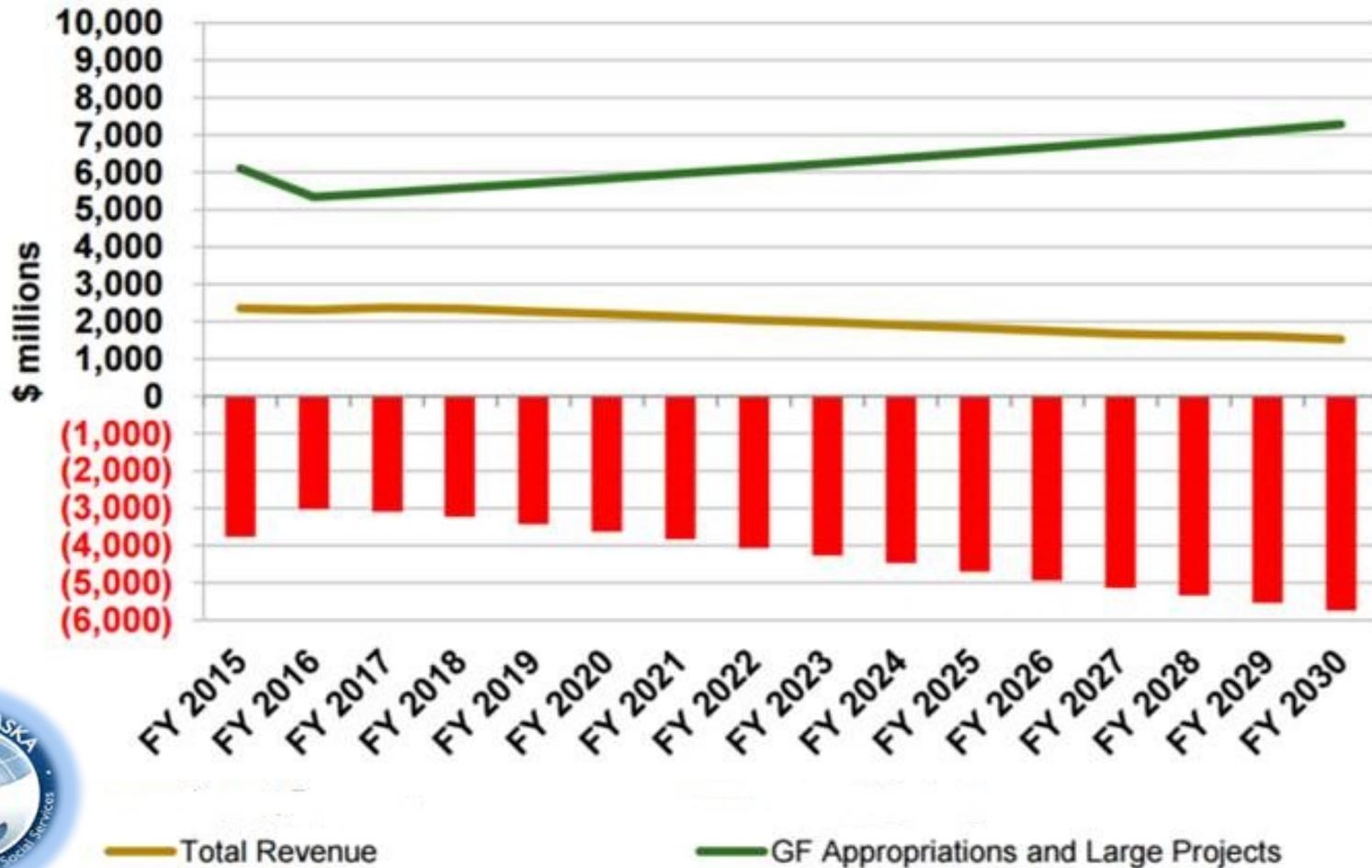
Why Are We Conducting HCBS Reform?

- State budget challenges
- HCBS cost & demand
- HCBS value & mission



Alaska is Facing Unprecedented Budget Challenges

Budget Overview



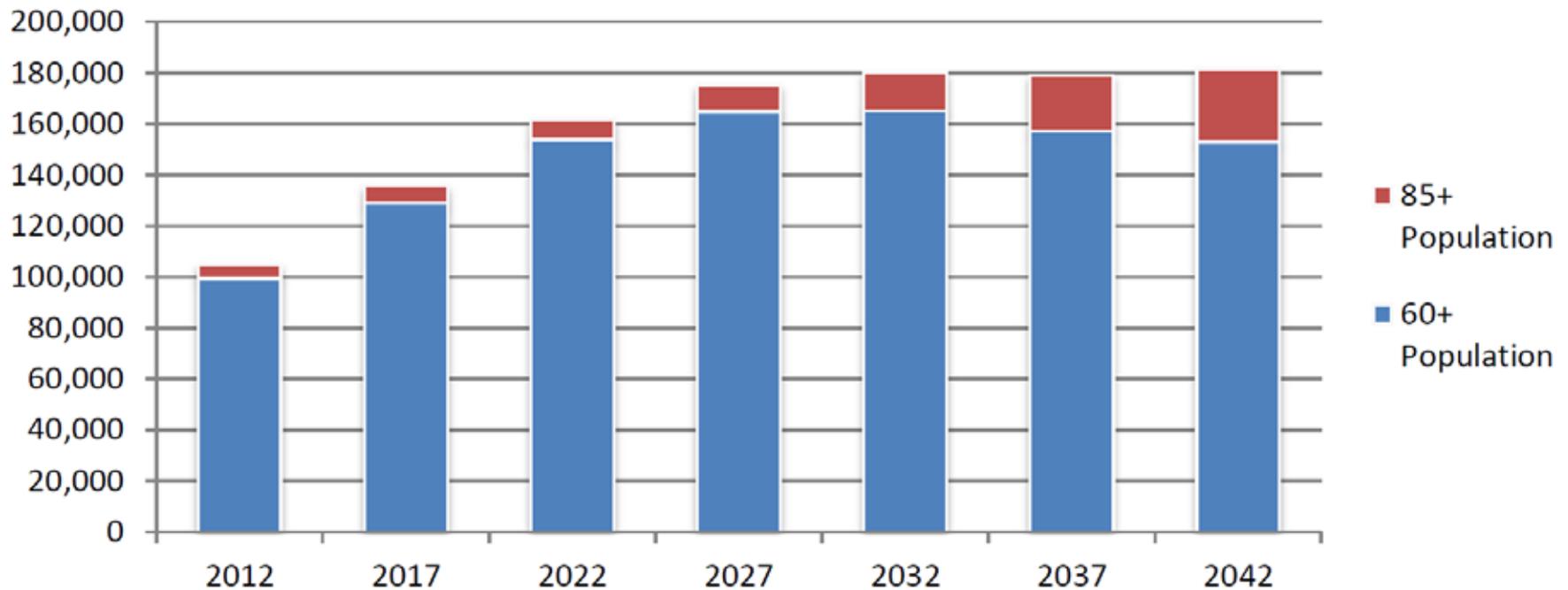
Medicaid Redesign- DHSS Budget Update

- DHSS general fund budget cut by \$203 Million since FY 15
 - PCA 5 Mil FY16, HCBS 26 Mil FY17, GR 1 Mil FY15
- Examples of program impacts:
 - Eliminated Alaska Affordable Heating Program
 - Affects 2,100 households – those between 151%-225% FPL
 - Senior Benefits Program
 - Highest income level benefit decreased from \$125 to \$76 monthly
 - Public Health Nursing cut 20%: eliminated 31 positions
 - Facility closures/reductions
 - Ketchikan Regional Youth Facility closed this month
 - Combined units at McLaughlin Youth Center
 - Reduced bed counts in Fairbanks Youth Facility detention unit from 20 to 12
 - Pioneer Homes closed 25 beds due to staffing cuts; rate increased 8.5% in FY 16
 - Six Public Health Centers closed: Cordova, Ft. Yukon, Galena, Haines, Seward, Wrangell
 - Fairbanks Bureau of Vital Statistics office closed



Demand Will Continue to Increase

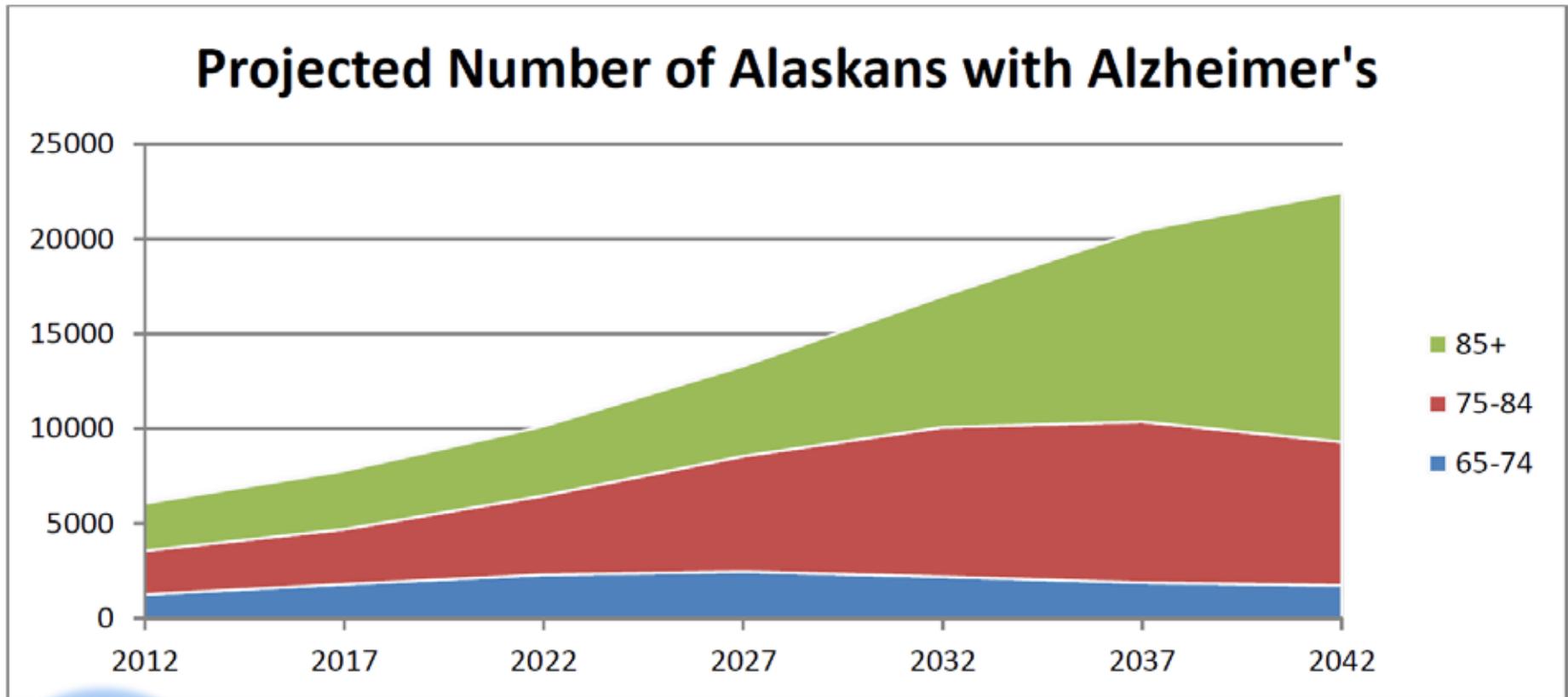
Projections of Alaskans Age 60+ and 85+



Source: Alaska State Plan for Senior Services FY2016-2019



Number of Alaskans with Alzheimer's will Continue to Increase



Source: Alaska State Plan for Senior Services FY2016-2019



HCBS Reform is Consistent with SDS' Values and Mission



Mission of SDS



Senior and Disabilities Services promotes health, well being and safety for individuals with disabilities, seniors and vulnerable adults by facilitating access to quality services and supports that foster independence, personal choice and dignity.



Service Principles

- We and our partners are responsible and accountable for the efficient and effective management of services
- ...foster an environment of fairness, equality, integrity and honesty
- Individuals have a right to choice and self-determination and are treated with respect, dignity and compassion
- ...have knowledge of and access to community services
- ...are safe and served in the least restrictive manner



Service Principles (cont.)

- Quality services promote independence and incorporate each individual's culture and value system.
- ...are designed and delivered to build communities where all members are included, respected and valued.
- ...are delivered through collaboration and community partnerships.
- ...are provided by competent, trained caregivers who are chosen by individuals and their families.



Last Round of Community Forums

– Held Community Forums from October 2015-January 2016 in:

Anchorage

Fairbanks

Barrow

Kenai

Nome

Bethel

Ketchikan

Juneau

Mat-Su Valley

Eagle River



What We Heard at the Forums: Changes to How Supports are Delivered

- Make system more person-centered and efficient by:
 - Improving assessment processes
 - Streamlining provider certification and licensing processes
 - Automating processes
- Strengthen the coordination of supports
 - Tailor amount of support coordination based on needs and preferences of individuals
- Create “individualized budgets” giving people more control over the types of services they purchase



What We Heard at the Forums: Changes to How Supports are Delivered (cont.)

- Cover more services, such as:
 - Supportive housing
 - Employment supports
 - Transportation
 - Technology to help people live at home safely
- Enhance the workforce:
 - More and better training
 - Payment for live-in/family caregivers Village-based counselors
 - Transitional living specialists



What We Heard at the Forums: Certain Groups are Underserved

i. Alzheimer's Disease
and Related
Dementias (ADRD)

i. Traumatic or
Acquired Brain Injury
(TABI)

i. Intellectual and
Developmental
Disabilities (IDD)

i. Serious Mental
Illness (SMI)

i. Fetal Alcohol
Spectrum Disorder
(FASD)

i. Justice/Correctional
system



Progress Made on HCBS Reform

- SB 74 passed in 2016
 - Requires SDS to make significant changes to HCBS system
 - Sets budget cuts SDS must meet
- Developing a detailed plan for HCBS reform:
 - Contracts with HMA and HCBS Strategies
 - Moved Behavioral Health into separate initiative
 - Have a draft plan that details all of the tasks necessary to implement the changes
- Formed the Inclusive Community Choices Council (ICC)



Inclusive Community Choices (ICC) Council

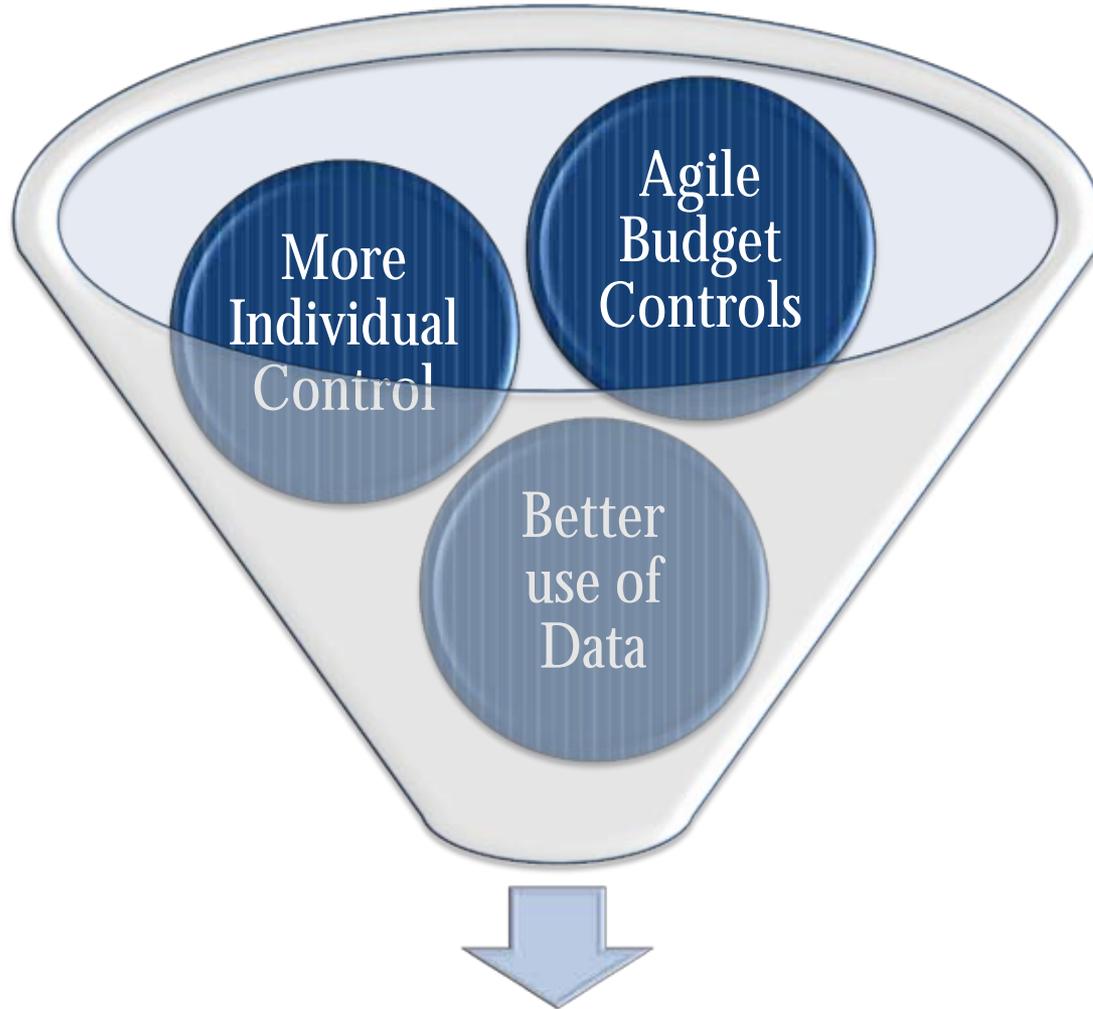
- Voting members: Representatives from different stakeholder groups such as
 - Parents, Seniors, Recipients of Waiver services, advisory board Alcoholism/drug abuse, SMI, TBI, Elders
- Monthly meetings
- Role of the ICC
- Advisory members: Representatives from different stakeholder groups such as
 - PCA Providers Association, AADD, AK Behavioral Health Association, AGENET, ASHNHA, ANTHC, ALH Association, Care Coordinator Network, Community Care Coalition



We Have a Plan!



Overarching Goals of the Plan



Detailed HCBS Reform Plan



Goal : Agile Budget Controls

- Alaska’s budget woes are likely to be long-lasting
- The State needs levers to adjust budgets that:
 - Minimize harm to individuals
 - Can be implemented quickly
- Cannot rely solely on:
 - Blunt tools like across the board rates and hours cuts
 - Approaches that require SDS staff to adjust individual plans
 - Takes too long and SDS doesn’t have the staff



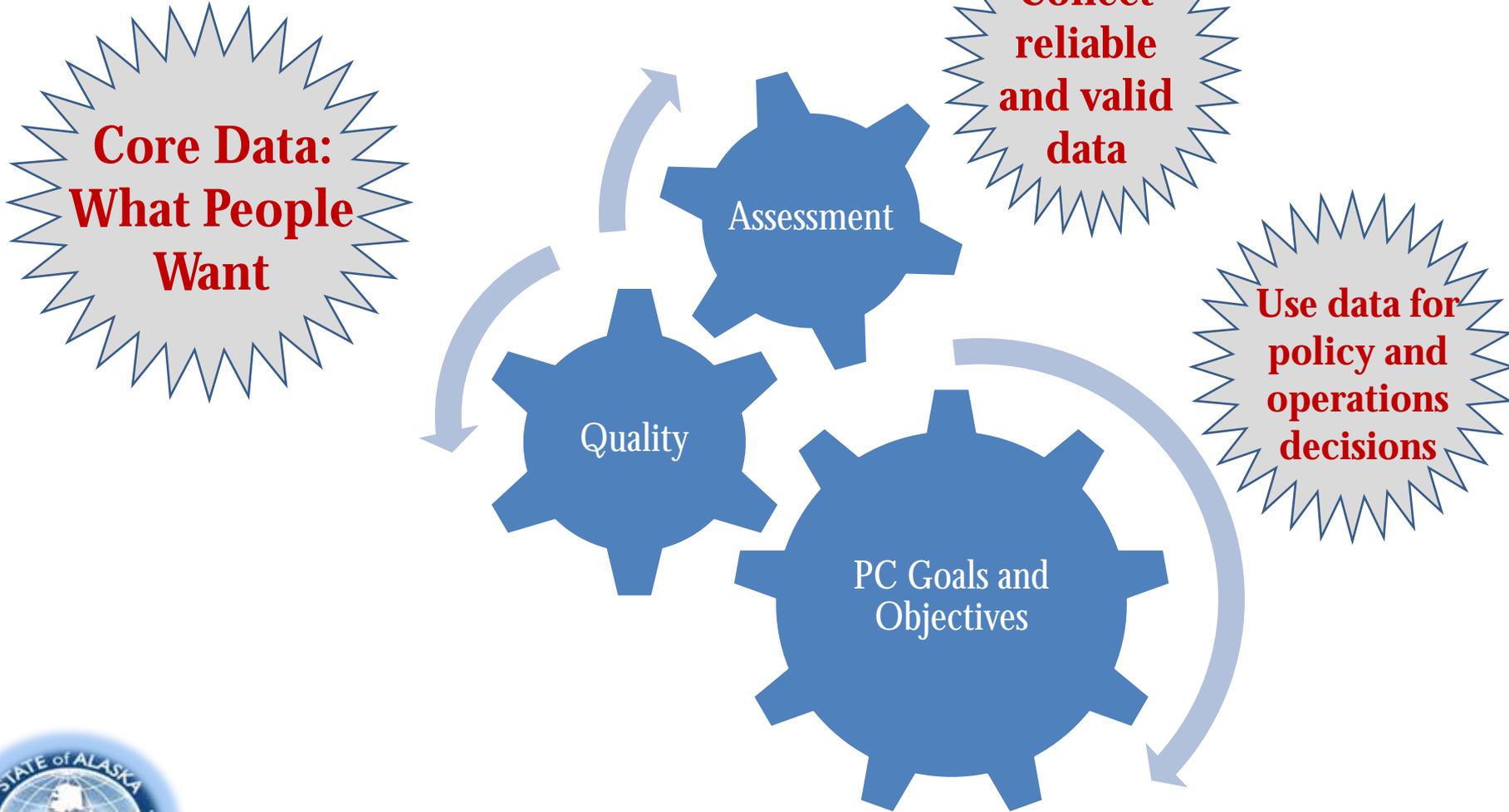
Goal 2:

Allow Individuals to Stretch Dollars

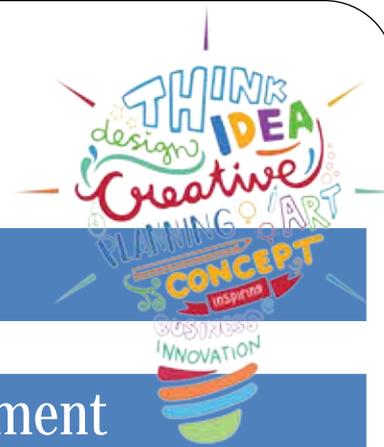
- Along with strengthening budget controls, give people more control of services
 - Expand the type of services
 - Increased flexibility
 - Customizing supports to individual preference
- Belief that individual will make the wisest choices about how to spend limited dollars



Goal 3: Use Data to Make the System Stronger



Components of the Plan



a.1. Governance and stakeholder input



a.2. Obtaining enhanced federal funding for development



a.3. Converting PCA/CDPCA to Community First Choice



a.4. Creating a limited support (“Mini C”) IDD waiver



a.5. Enhancing Medicaid funding options for ADRD and TBI



a.6. Reforming how people access LTSS



a.7. Changing how budgets are assigned



a.8. Expanding the types of services offered



Reasons for the Timing of the Plan

1. First, we needed a clear plan and the ability to develop and implement it (including obtaining stakeholder support)
2. Second, we needed money to be able to implement it
3. Third, we needed to respond to immediate budget cuts while minimizing harm and unnecessary change to the system
4. Fourth, we needed to build the infrastructure to achieve the vision of doing more with less
5. Finally, we can only expand services once we build this infrastructure



1a. State Governance Structure

- Built a detailed integrated plan:
 - Currently has over 500 tasks in it
 - Shows how all the tasks fit together
 - Will be continually updated

- Implemented a State Governance structure:
 - Clear roles and responsibilities for all relevant State staff
 - Ensures we all own the development and implementation of the plan



1b. Proposed Stakeholder Input Process

- These meetings are first step in an ongoing stakeholder input process
- Will include:
 - ICC
 - SDS Website
 - Communication Plans that describe opportunities for input
 - Letters and other communications to:
 - Participants
 - Providers
 - Care coordinators
 - Will describe:
 - Draft plans (so they can provide feedback)
 - What to expect when changes are made



2. Obtaining Enhanced Federal Funding for Development and Implementation

- CMS provides 90/10 match for developing operations if tied to Medicaid Management Information System (MMIS)
- SDS submitted an Implementation Advanced Planning Document (IAPD) to CMS
- Will help SDS from losing additional staff and fund contractual and other support for fulfilling the rest of the plan
- Will allow SDS to obtain enhanced match for training efforts



3. Converting PCA/CDPCA to Community First Choice (CFC)

- Only applies for people who are waiver eligible
- Target implementation by August 2017
- CFC allows SDS to get more federal dollars
- Will help to minimize other cuts
- Designing it to minimize burden on participants and providers (e.g., expedited enrollment processes)
- More information will be coming in the near future



4. Mini C Waiver for People on IDD Registry

- New 1915(c) “Limited Support” waiver that will provide a more limited service package to people on the Registry
- Targeting January of 2018
- Timing of both initial CFC and Mini C may change:
 - Meet federal requirements that limits cuts to services
 - Need to comply with CMS HCBS rule requirements (notably on HCBS settings)



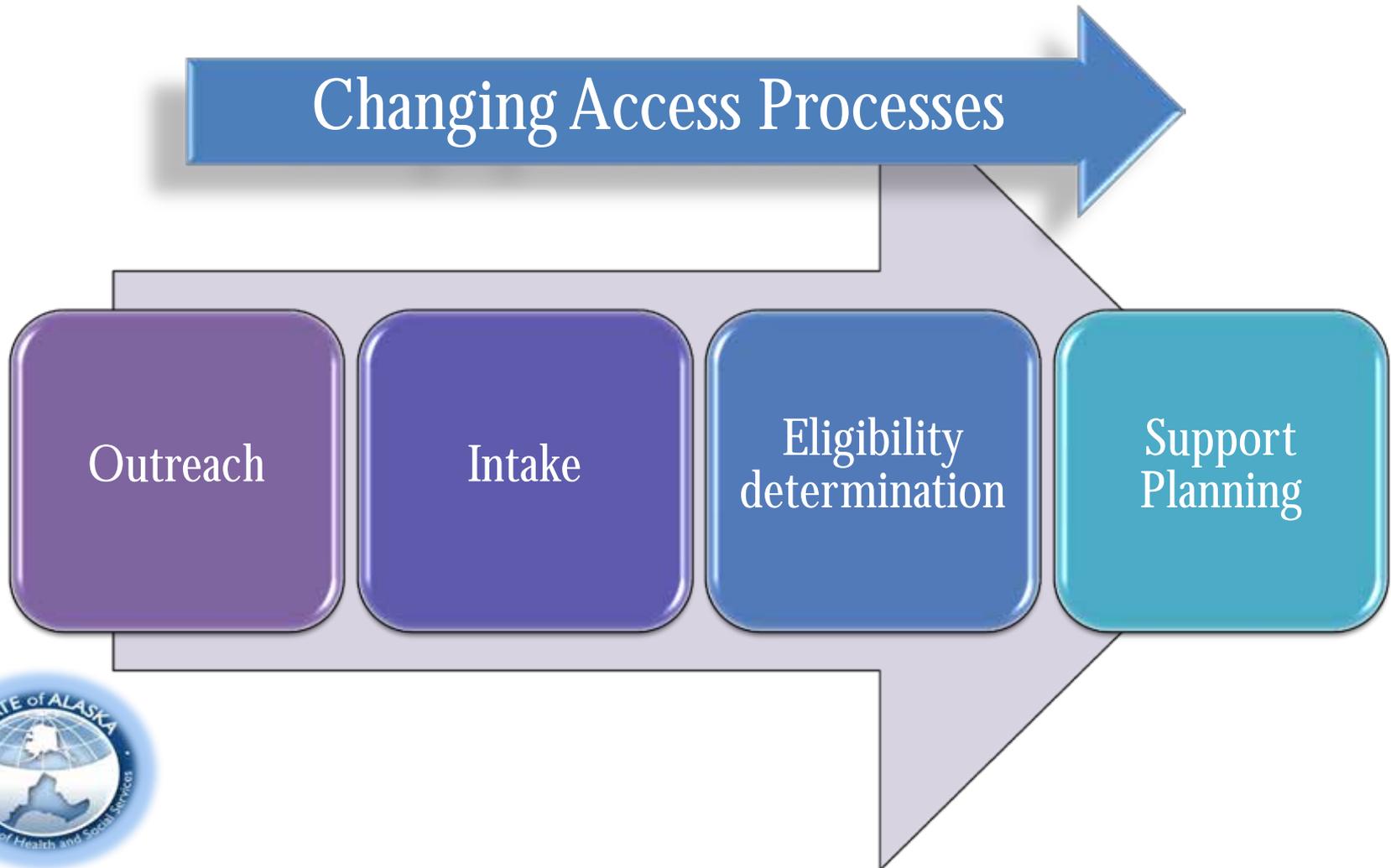
5. Enhancing Medicaid Funding Options for People with ADRD and TBI

- HMA recommended not moving forward because of budget concerns
 - SDS and the ICC were not satisfied with that answer
- Went back to drawing board and are considering:
 - Making it easier for people with ADRD to qualify for waiver services
 - Adjusting the Nursing Facility-Level of Care (NF-LOC)
 - A Medicaid state plan benefit (1915(i)) that would offer a limited package of benefits for people with ADRD
 - A case management option targeted at people with TBI
- Working to establish design and cost estimates to determine what is feasible

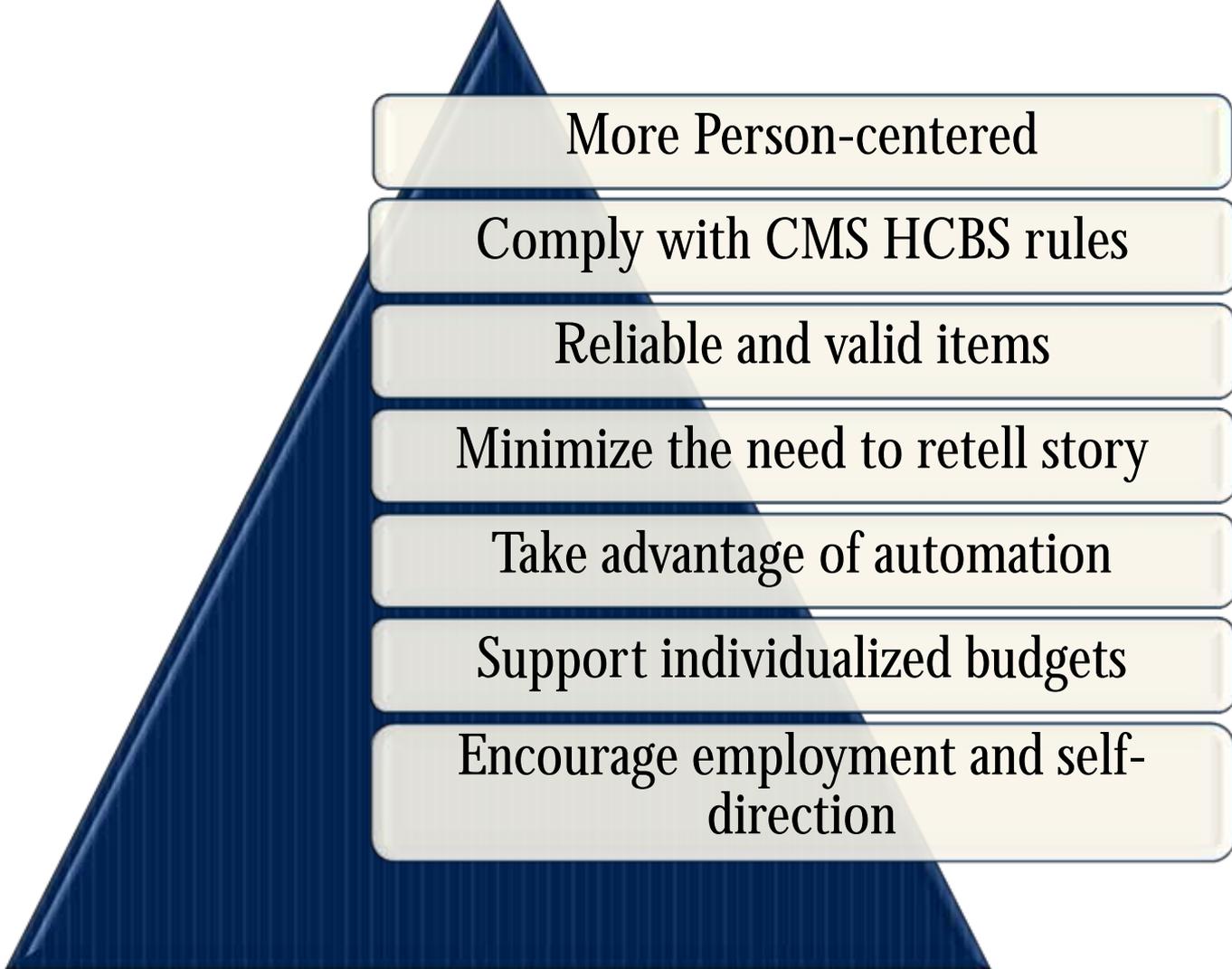
Hope to clarify the plan by early next year



6. Reforming how People Access LTSS



6. Goals for Reforming Access



More Person-centered

Comply with CMS HCBS rules

Reliable and valid items

Minimize the need to retell story

Take advantage of automation

Support individualized budgets

Encourage employment and self-direction



6. Changing Access Process is a Major Initiative

- Anticipate rolling out the new processes in October 2018
 - Timeline will likely evolve
- Plan includes extensive stakeholder involvement in development and piloting
- Anticipate will have to change Care Coordination payment structure to reflect new roles



May Create Individualized Budgets

- Goal: Strengthen how State sets individualized budgets to give participants more flexibility
 - Cannot add more services and flexibility without these tools because of budget environment
 - When implemented, should minimize disruptions caused by budget changes
- Stakeholders will be involved in the development of this effort – no decisions have been made yet



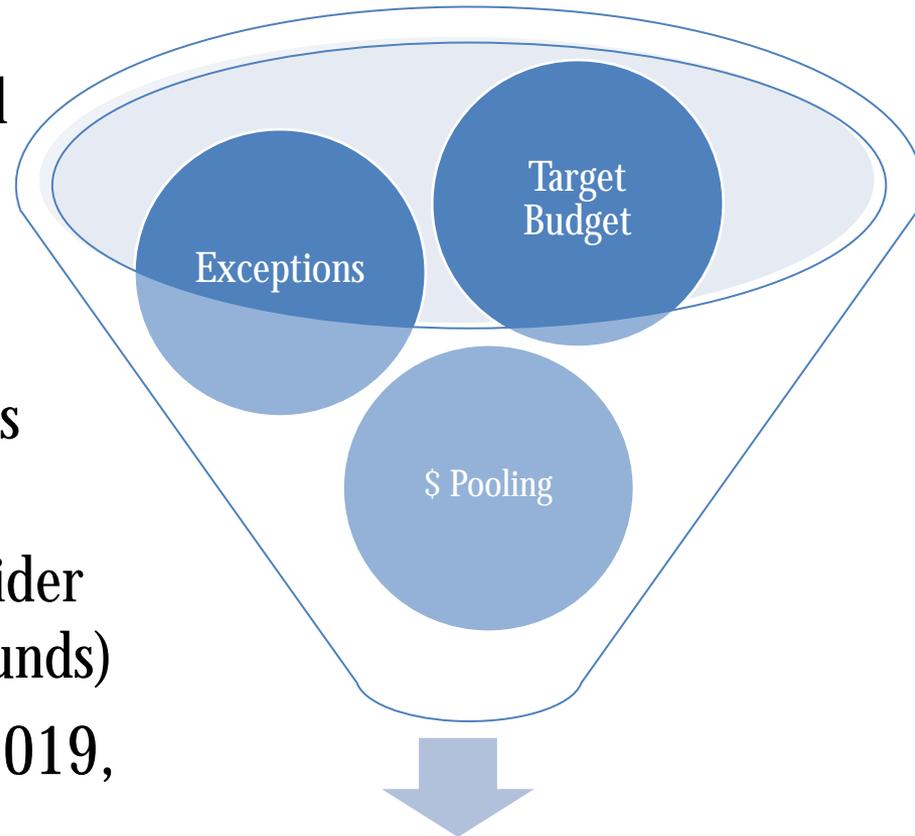
Stronger
Overall
Budget
Controls



More
Flexibility
at Individual
Level

May Create Individualized Budgets

- Preliminary framework:
 - Establish formula to set tier, benchmarks or caps for individual budgets
 - Develop exception processes that allow SDS to adjust budgets for individuals with exceptional needs
 - Develop mechanisms to allow for some pooling of funds (e.g., provider or family cooperative, rainy day funds)
- Target implementation is late 2019, early 2020



Expand Service Types and Flexibility

- Expand CFC to include more of existing services:
 - Include most Waiver and some State Plan services
 - Purpose is to draw down more federal dollars
 - Will increase money available to pay for HCBS by 13.4%
- Build off stakeholder input to identify additional services, such as:
 - Supportive housing
 - More employment supports
 - More transportation
 - Technology to help people live at home safely
- Hope to implement at the same time as (or shortly after) the individualized budgets



Does the Plan Address Stakeholder Input? Changes to How Supports are Delivered

- Make system more person-centered and efficient by improving:
 - Assessment processes **Included**
 - Provider certification and licensing processes **Partially Included**
 - *Will update when revising and creating services, need to have more discussions with licensing*
 - Automating processes **Included**
- Strengthen the coordination of supports
 - Tailor amount of support coordination based on needs and preferences of individuals **Partially Included**
 - *Will continue work to restructure care coordination*
 - Create “individualized budgets” giving people more control over the types of services they purchase **Included**



What We Heard at the Forums: Changes to How Supports are Delivered

- Cover more services, such as:
 - Supportive housing **Included**
 - Employment supports **Included**
 - Transportation **Included**
 - Technology to help people live at home safely **Included**
- Enhance the workforce:
 - More and better training **Included**
 - Payment for live-in/family caregivers Village-based counselors **Included**
 - Transitional living specialists **Included**



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Included

i. Alzheimer's Disease
and Related
Dementias (ADRD)

Included

i. Traumatic or
Acquired Brain Injury
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Included

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Disabilities (IDD)

i. Serious Mental
Illness (SMI)

**Addressed by
Separate Initiative**

i. Fetal Alcohol
Spectrum Disorder
(FASD)

**Continue to Work
with Gov. Council to
Integrate with Plan**

i. Justice/Correctional
system

**Partially Included
Need to Coordinate
with Criminal
Justice Reform
Efforts**



Feedback/Discussion

