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

Senior and Disabilities Services’ Website

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 assessment is required to the state and public agencies and 1915(k) Community First Choice (CFC), Community-Based Services (HCBS)

Find out more:

Medicaid Reform in Alaska

Inclusive Community Choices

1915(i) and 1915(k)

Click here for more information about the reform initiative
Programs SDS Oversees

- HCBS Waivers
- PCS
- Senior & Community Based Grants
- Nursing home authorizations & PASRR
- DD Grants
- Adult Protective Services (APS) & General Relief
- 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
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 for those between 151-225% FPL
    - Affects 2,100 households
  - 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

Source: The Healthy Alaska Plan
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.
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
  - Have a draft plan that details all of the tasks necessary to implement the changes
    - Includes 90/10 match for developing operations if tied to Medicaid Management Information System (MMIS)
    - 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
- Formed the Inclusive Community Choices Council (ICC)
- Conducted community forums to gather input to guide the plan
Inclusive Community Choices (ICC) Council

- **Role:** Provide advise on systems changes
- **Monthly meetings**
- **Voting members:** Representatives from different stakeholder groups such as
  - Parents, Seniors, Recipients of Waiver services, advisory board
  - Alcoholism/drug abuse, SMI, TBI, Elders
- **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
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
We have a plan!
Components of the Plan

1. Governance and stakeholder input
2. Obtaining enhanced federal funding for development
3. Converting PCA/CDPCA to Community First Choice
4. Creating the Supports IDD waiver
5. Enhancing Medicaid funding options for ADRD and TBI
6. Reforming how people access LTSS
7. Changing how budgets are assigned
8. Expanding the types of services offered
Overarching Goals of the Plan

- More Individual Control
- Better use of Data
- Agile Budget Controls

Detailed HCBS Reform Plan
Goal 1: Agile Budget Controls

- Alaska’s budget woes are likely to be long-lasting
- Currently SDS has two bad choices:
  - Blunt tools like across the board rates and hours cuts
  - SDS staff adjusting individual plans
    - Takes too long and SDS doesn’t have the staff
- The State needs levers to adjust budgets that:
  - Minimize harm to individuals
  - Can be implemented quickly
Goal 2: Allow Individuals to Stretch Dollars

- Belief that individual will make the wisest choices about how to spend limited dollars
- Give people more control of services:
  - Expand the type of services
  - Increased flexibility
  - Customizing supports to individual preference
Goal 3: Use Data to Make the System Stronger

Core Data: Measures of Participant’s Experience of Services

PC Goals and Objectives

Quality

Assessment

Collect reliable and valid data

Use data for policy and operations decisions
Convert 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
Supports Waiver for People on IDD Registry

- New 1915(c) waiver that will provide a more limited service package to people on the Registry
- Targeting January of 2018
- Timing of both initial CFC and Supports Waiver may change:
  - Meet federal requirements that limits cuts to services
  - Need to comply with CMS HCBS rule requirements (notably on HCBS settings)
Enhance 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:
  - A Medicaid state plan benefit (1915(i)) targeted to people with ADRC and behavior issues that require interventions:
    - A limited package of benefits for people with ADRD
    - Cover more people in Pioneer Home
  - 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
Reform how People Access LTSS

- 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
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
Timeline of plan components

- **August 2017**: Implement Community First Choice/1915 K
- **TBD**: Settings Compliance
- **January 2018**: Implement supports waiver for those on IDD registry
- **July 2018**: ADRD services and supports
- **October 2018**: Implement new assessment tool, InterRAI
- **Late 2019/Early 2020**: Implement individualized budgets, Expanded services and supports
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  Included
  - Village-based counselors  Included
  - Transitional living specialists  Included
What We Heard at the Forums: Certain Groups are Underserved

- Alzheimer’s Disease and Related Dementias (ADRD)
  - Included

- Serious Mental Illness (SMI)
  - Addressed by Separate Initiative

- Traumatic or Acquired Brain Injury (TABI)
  - Included

- Intellectual and Developmental Disabilities (IDD)
  - Included

- Fetal Alcohol Spectrum Disorder (FASD)
  - Continue to Work with Gov. Council to Integrate with Plan

- Justice/Correctional system
  - Partially Included
  - Need to Coordinate with Criminal Justice Reform Efforts
Feedback/Discussion