
Development of a Comprehensive Implementation Plan for 1915(i) and 1915(k) Options for the State of Alaska

Alaska 1915(i) and 1915(k) Development &
Implementation Council Presentation

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Introductions

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Health Management Associates

HMA was founded in 1985 and developed as a unique consulting firm with in-depth expertise and experience in government-sponsored programs.

The firm focuses on access, quality and financing of health care services with particularly emphasis on Medicaid, Medicare, or uninsured populations.

Long-Term Services and Supports is a particular area of focus.

Long-Term Services and Supports Current Work

- HMA is working with states, health plans and direct service providers – including Home and Community-Based Service (HCBS) providers -- to reshape delivery systems and financing structures in the context of changing healthcare and economic environments
- HMA is also supporting advocacy groups and other stakeholders in understanding and responding to the changes sparked by federal health reform

State Plan Options Overview

1915(k) Background (Community First Choice)

1915(k) State Plan/Community First Choice (CFC) Key Features

- In 2012, 1915(k) became a new state plan option to provide consumer-directed, home- and community-based attendant services and supports
- Provides services and supports to help people stay in their homes and communities.
- Federal government contributes more money (56% instead of 50% match to state dollars in Alaska)
- These are mandated services for all who are eligible; not a waiver where there are a number of slots available

Covered Services

- 1. Assistance with Activities of Daily Living (ADLs), Instrumental ADLs, and health-related tasks**
- 2. Skills training to help people to accomplish ADLs/IADLs, and health-related tasks**
- 3. Back-up systems or mechanisms to ensure continuity of services and supports (can include things such as falls alert technology, GPS locator or emergency response button)**
- 4. Voluntary training on how to select, manage, and dismiss attendants**

Optional Services

Other services that may be covered:

- Transition costs required for an individual to transition from a nursing facility or other institution to a community-based home setting (e.g., items necessary to establish household to transition from a nursing facility or other institution)
- Services that increase an individual's independence or substitutes for human assistance, to the extent that expenditures would otherwise be made for human assistance

Program Features

- **Eligibility**
 - Must meet functional eligibility equal to an institutional level of care
 - Have income below 150% of federal poverty level; or
 - Have income up to 300% of federal poverty level if receiving on or more HCBS services; or
 - Have income up to 300% with parental or spousal income disregarded.
- As long as eligibility criteria are met, benefits available regardless of age or disability
- Services must be provided on a statewide basis
- Room and board not allowed, except for allowable transition services
- Agency model and consumer-directed model at state's discretion

State Requirements

- State must create a Development and Implementation Council that includes majority of members with disabilities, seniors, and their representatives
- HCBS settings must be consistent with HCBS Final Rule – the setting to receive services cannot be inpatient institution like a nursing facility or hospital
- Financial Management Services required depending on model of participant direction: agency-driven or consumer-driven model

State Plan Options Overview

1915(i) Background

1915(i) State Plan HCBS – Key Features

- States have the option to change their Medicaid state plan to offer HCBS as a state plan benefit
- Individuals do not need to be eligible for an institutional level of care currently required under 1915(c) HCBS waivers or 1915(k) (Community First Choice)
- Program is very similar to AK's Personal Attendant Care Program, but will be administered under the same umbrella as 1915(k) with a common structure to make it easier and more efficient for the state, providers and consumers

1915(i) Covered Services

1-Case Management

2-Homemaker Services

3-Home Health Aide

4-Personal Care

5-Adult Day Health

6-Habilitation

7-Respite Care

8-For Chronic Mental Illness:

- Day treatment or Partial Hospitalization
- Psychosocial Rehab
- Clinic Services

ACA revised 1915(i) to allow additional services

Additional services “requested by the state as the Secretary may approve,” for example:

- Behavioral Supports
- Cognitive Rehabilitative Therapy
- Crisis Intervention
- Exercise and Health Promotion
- Health Monitoring
- Housing Counseling
- Assistive Technology
- Live-In Caregiver Payment
- Family Training

State Requirements

- Independent Evaluation to determine program eligibility
- Individual Assessment to determine service needs
- Individualized Plan of Care
- Determine the number of people who will receive State plan HCBS
- Payment methodology for each service
- Quality Improvement Strategy: States must ensure that HCBS meets Federal and State guidelines
- HCBS settings must be consistent with HCBS Final Rule

1915(i) and 1915(k) Implementation

Division of Seniors and Disabilities Services
and
Health Management Associates

Next Steps

Ten Steps to an Implementation Plan

1-Stakeholder Input Process

- Development and Implementation Council
- Provider Forums and Community Forums
 - Statewide webinar
 - In person forums in Anchorage, Barrow, Bethel, Fairbanks, Mat-Su Valley, Juneau, Kenai, Ketchikan, Nome

Ten Steps to an Implementation Plan

2- Review of Federal and State Regulations

3- Review of Current Operations

4- Identify Eligibility, Resource Allocation Criteria and Target Populations

5- Evaluate Functional Assessment Tools

Ten Steps to an Implementation Plan

6- Determine Service Package

7- Establish Quality Assurance and Improvement Plan

8- Develop a Provider Manual/Conditions of Participation

9- Conduct a Cost Impact Analysis

10-Develop the Implementation Plan

Target Dates

- Implementation Plan - 7/31/2016
- Service Design, System Implementation, State Plan Amendment Process, Tribal Consultation, Regulation Process, Public Comment, Staff Training
- CMS Approval – 6/30/2017
- “Go Live” – 7/1/2017

Questions?

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