

## **SDS Residential Rehabilitation Community Meeting Summary: Meeting 4: Follow-Up Meeting to Discuss Changes Based on Stakeholder Input**

**Held on 10/13/2021 at 11am-12:30pm AKDT via Zoom Webinar  
3pm-4:30pm EST**

**Webinar Panelists:** Steven Lutzky, Lynne Keilman-Cruz, Rodney George, Jetta Whittaker, Caroline Hogan, Maureen Harwood, Tony Newman, Dee Grubbs, Cheri Herman, Heather Chord, Russ Stevens, Summer Wheeler, John Lee, Kat Sowa-Lapinskas, Andrew Cieslinski

**Support Personnel:** Trevor Wong, Caitlin Miranda, Ariel Keklak

**Number of Attendees:** 78 Unique Attendees

### **Introduction and Overview:**

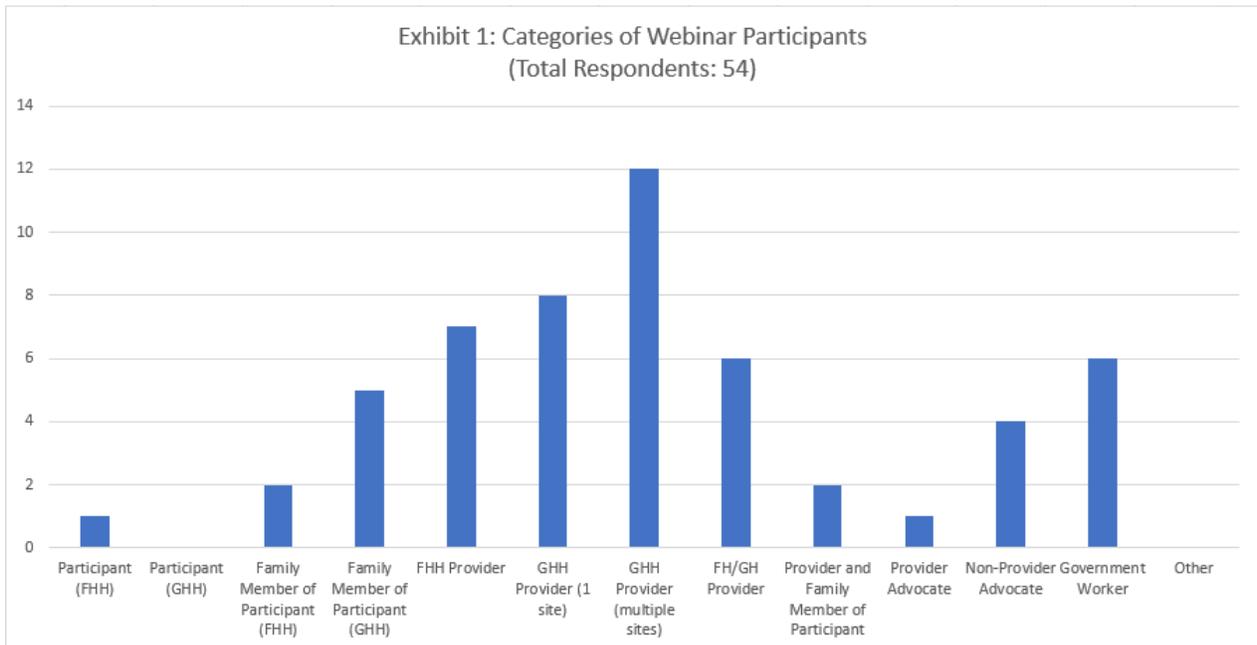
- John Lee, the SDS Director, said that SDS is currently developing reforms to Residential Habilitation Services and this webinar presents changes that were made based on stakeholder feedback during the three webinars held in April 2021. He expressed that there are not developed changes to regulatory language, but rather proposed potential changes that may be implemented in the future. He emphasized that any changes that would occur are a long way off and would not be implemented during the pandemic. Further input and comments in writing may be sent to: [hss.dsds.policy@alaska.gov](mailto:hss.dsds.policy@alaska.gov).
- Steve Lutzky from HCBS Strategies facilitated the meeting. He started by reviewing the agenda for the meeting.

### **Agenda**

- Reasons for Change
- Proposed Changes
- Who Lives at the Site
- Who Provides the Service
- How Many People are Supported
- How Residents' Preferences are Accommodated
- Certification Requirements
- Organized Health Care Delivery System (OHCDs) Oversight Agency
- Next Steps

- Senate Bill 98/House Bill 119: Adult Foster Care

**The poll asked participants: “Who are You?”. Responses are shown in Exhibit 1.**



- Steve reviewed background information for this project that was shared in the previous three stakeholder webinars. A summary of this information can be found in the notes from these webinars.
- We present a summary of the stakeholder input that was entered into the Q&A and the Chat sections of the webinar and provide SDS’ responses. Most of the responses were provided during the webinar, however, responses to some questions, notably the ones entered into the Chat, are new.

### Updated Proposed Changes

- Steve Lutzky reviewed SDS’s updated proposed language for defining Family Home and Group Home Habilitation services, which includes stakeholder feedback from previous

webinars. He and Lynne Keilman-Cruz then fielded new questions from stakeholders regarding these updates.

## WHO LIVES AT THE SITE – UPDATED PROPOSED LANGUAGE

**Group Home Habilitation: “The owner/operator cannot live at the licensed entity unless staffing of the home includes at least two full-time equivalent (FTE) (full-time is defined as 40 hours per week) employees who are not immediate family (parent, parent-in-law, sibling, child or grandchild) of the owner/operator”**

### Questions: Two FTE Employee for Group Homes

1. Would a provider agency running an ALH as an entity fall under the two FTE employee expectations?

**SDS Response:** The two FTE employee expectation would apply if the owner/operator lived on-site and the site billed as Group Home Habilitation. For agencies like HOPE, that operates ALHs’ in which the owner does not live on-site, then the expectation would not apply.

2. Can the owner provide services if the two FTE staff are not available?

3. Would there be time limits placed on hiring new staff in the event of attrition or an employee leaving?

**SDS Response:** The expectation is to have two FTE employees in the general staffing pattern, not two FTE staff members on-site at every point in time. This allows for flexibility for sick leave, vacation, etc.

4. Would this requirement be burdensome for small ALHs, which might not be sustainable with a two FTE employee requirement? In this attendee’s case, her adult child needs a small group home, and she sees this as a big hurdle for owners to keep a home small.

**SDS Response:** Group Home Habilitation rates support the payment of two employees working 40 hours a week if there are at least two people in the Group Home Habilitation home. SDS staff is happy to review the individual case or similar cases to determine whether there is an option that works or if a modification needs to be made to SDS’ proposed potential changes.

5. Can you have live-in support staff in a GH without the need for the additional two FTE employee requirements, so long as the live-in staff are not the owner/operator? For example, if one staff lives on-site 4 days/week, and another staff member lives on-site 3 days/week, or if staff lives on-site 24/7 but has relief staff live on-site to provide vacations/relief.

**SDS Response:** This appears to comply with the proposed potential changes.

6. Can a group homeowner living on the premise have two non-live-in staff for 20 hours each?

**SDS Response:** No, the proposed potential change requires two FTE employees; this could be met with either two employees working 40 hours a week or four employees working 20 hours a week.

7. Why would it be necessary to have two FTE employees instead of the owner providing services, if a home only wants 2 people living there?

**SDS Response:** An owner/operator living at a home that serves only one or two people without any outside staff would be a better fit for Family Home Habilitation.

8. Would having one staff with 40 hours/week and two staff with 20 hours/week be doable?

**SDS Response:** This would meet the two FTE employee definition.

9. Can the owner of a group home live separately from residents while providing three staff?

**SDS Response:** If the owner does not live at the site, the two FTE requirement would not apply.

10. Would larger group home agencies with live-in staff, such as HOPE, have to change licensing to Family Home Habilitation?

**SDS Response:** This wouldn't apply unless the staff living on-site were the actual owners of the site. For example, if HOPE shifted to a franchise model in which live-in staff owned the actual site, then the two FTE employees requirement would apply.

11. One attendee said that while these proposed changes are designed to not displace residents, the two FTE requirement may displace the owner/operator, especially if the owner/operator has been providing equivalent services already. This burden would force the closures of homes, which would eventually displace residents. For example, an attendee said that most owner operators cannot afford two mortgages and hire FTE employees, especially in the current job

market. She asked if group homes will also have to pay full-time benefits and how unfunded staffing mandates will be paid for.

12. One attendee said that in some ALHs, residents do better in small groups of two to three. She said that the two FTE employee requirement would be burdensome to a homeowner that already lives in the home and provides services, as well as the residents that need smaller groups and fewer roommates. Additionally, she said that since special needs people have specific, individualized needs, the proposed changes do not work well for all children/adults with special needs.

13. One attendee recommended adopting the same process as Residential Licensing, in which SDS reviews the group home staffing plan and organizational chart to ensure there is adequate staff to provide the proposed services. He said that if SDS were to mandate a minimum of two FTE staff, that would be a fixed expense of nearly \$100,000 a year for the provider, which could be burdensome given that a provider agency may have varying amounts of group home residents, available rooms, and revenues/expenses at any given point. He disagreed with having a mandated employee minimum, especially given the difficulty in recruiting, training, and retaining staff during the pandemic.

**SDS Response:** It would be difficult for licensing to determine if staffing patterns are adequate because the number of staff necessary depends upon the number of actual residents and their individual needs. These circumstances change over time. The two FTE requirement would only apply if the owner/operator is living at the home and is meant to establish a minimum threshold for the number of paid staff in a Group Home Habilitation home. The current Group Home Residential Habilitation Rates translates into almost \$250,000 per year if the home has two residents and the beds are continuously occupied. Paying \$100,000 for paid staff would account for approximately 40% of that revenue. Additionally, per federal guidelines, the Medicaid rates are not allowed to cover room and board. The almost \$250,000 in Medicaid revenue is for services provided.

14. One attendee said there are many horror stories of large, staff-run group home agencies. She said that, as a Care Coordinator, she has experienced higher quality of care in smaller, family-run group homes. She expressed concern that the proposed changes would benefit large agencies with a larger staff pool to choose from.

**SDS Response:** As noted earlier, a Group Home Habilitation home with two residents appears to be financially feasible.

15. What if an owner/operator does not want to live in their own home with live-in staff 80 hours per week?

**SDS Response:** The two FTE employees would not be required to live on the site.

16. How does the number of staff determine the service being provided in the home setting?

**SDS Response:** SDS is not proposing that the number of staff would determine the service. SDS is proposing a minimum staffing expectation for Group Home Habilitation sites at which the owner/operative lives.

17. Why can't group homes hire family members, as sometimes family members are the only available staff? One attendee said that other agencies can hire family members as long as the relationship is disclosed, and asked for clarification on the conflict that SDS is trying to address.

**SDS Response:** Group Home Habilitation homes can hire family members. However, if the owner operator lives at the Group Home Habilitation home, the home would have to have at least two FTE employees who are not immediate family members.

### **Questions: Owner/Operator Definitions**

1. Can SDS provide clarification on the definition of the "owner" of the licensed entity?

**SDS Response:** The owner would be the owner/operator, or the person who is on the business license and owns the property. However, there is ongoing discussion at SDS on how to define the "owner," so SDS is welcoming stakeholder input on this matter.

2. One attendee asked for clarification between an "owner" living on-site versus a paid live-in staffing model, in which staff might live 12 days on-site, 2 days off-site.

**SDS Response:** If the paid live-in staff are not the owner of the site, the two FTE requirement would not apply. SDS has withdrawn earlier proposed changes that would have limited the ability to have live-in staff.

3. Can the owner-operator provide Group Home services if they do not live on-site with residents?

**SDS Response:** If the owner-operator does not live on-site and the site is not their home, they can provide Group Home Habilitation services without the two FTE employees rule applying. This rule only applies if the owner-operator lives on-site.

4. One attendee said that this regulation is punitive to on-site owner/operators, some of whom have dedicated decades to this type of care. She asked why a live-in owner cannot provide hands-on care within their own business.

**SDS Response:** SDS is trying to clearly delineate Group Home Habilitation and Family Home Habilitation. The owner/operator can provide hands-on care as a Family Home Habilitation provider if they do not have two additional non-family FTEs or as a Group Home Habilitation provider if they do have these additional FTEs.

### **Other Feedback and Input**

Comment #1: One attendee said that changing regulations during the stressful time of the pandemic would be burdensome to the mental health of providers.

Comment #2: Another attendee said that with the pandemic, there have been significant staffing issues. She asks when SDS is proposing to implement these changes, and if they take into consideration the ongoing nationwide staff shortage.

**SDS Response:** These changes will take time and SDS will keep you informed of any changes. SDS recognizes that the pandemic puts additional stress on the system and SDS will take this into consideration as we move forward.

Comment #3: One attendee said that the term “property” should be defined clearly. There can be multiple dwelling units (e.g., two-family, three-family, etc.) under one roof and on one piece of property, as well as different building and zoning codes in each municipality and borough. He recommends that SDS replace the term “property” with “certified setting” or “licensed address” to be more clearly defined when discussing Group Home services and live-in staff.

**SDS Response:** Those are excellent suggestions and SDS appreciates the guidance.

### **WHO PROVIDES SUPPORT – UPDATED PROPOSED LANGUAGE**

**Family Home Habilitation: Family provides majority of services; Family Home Habilitation provider cannot provide any other paid services to their own resident.**

- **Current FH policies will remain: Resident may receive other waiver services; Foster children may receive PCS services.**
- **Group Home Habilitation: Group Home staff that provide the majority of group home services cannot provide other services (e.g., Day Hab) at that site. Day Hab would be provided by separate unique staff. Only staff NOT providing group home services at that site can provide other services.**

- **Removed phrase saying Family Home Habilitation cannot hire people to provide direct care services. Removed language that would have prevented Family Home Habilitation providers from providing other services – they can be provided, just not to their own residents.**

**Questions: Day Home Habilitation Services**

1. In the case where a group home has 24-hour staff responsible for providing the majority of the work in the home, is there an issue with Day Hab staff helping out in the home with chores, dinner, and hygiene routines for residents if they already provide Day Hab services during another part of the day?

**SDS Response:** Group Home Habilitation services must be provided by Group Home Habilitation staff and Day Habilitation staff cannot be used as a substitute for Group Home Habilitation staff.

2. One attendee asked for clarification that Day Hab staff must be separate staff, and that they cannot provide any Group Home services, and said this would be challenging for many agencies to staff this and build out schedules, since many FTE schedules are build around providing supports with GH and DH with most agencies.

**SDS Response:** Day Habilitation staff cannot provide Group Home Habilitation services at the same site. The intended vision is to have individuals living in Group Home Habilitation homes do not have the same staff day-in and day-out, and to increase the variety of people they would be working with. SDS recognizes that this will require staff changes for many providers and they will be given sufficient notice so that they have time to plan for these changes if SDS decides to incorporate this requirement into regulations.

3. Can a staff member that provides Group Home 24-hour services for a few days also provide Day Hab services on days when they are NOT providing the Group Home services?

**SDS Response:** The same staff member cannot provide both Group Home Habilitation and Day Habilitation services to the same recipient, even if on different days, as the intent is for the Group Home Habilitation recipients to have the opportunity to interact with different people from the Day Habilitation program.

4. Is there a specific language in the current regulations that clearly delineates Day Hab and Group Home staff?

**SDS Response:** Current regulations do not clearly delineate these roles. The purpose of this effort is to decide how to incorporate this distinction into regulation.

5. One attendee asked for further clarification on the separation between Day Hab and Group Home staff. She asked if staff that provide Group Home services on the weekend at Group Home A could provide Day Hab services during the week at a separate Group Home B.

**SDS Response:** This approach would be consistent with the proposed approach. Staff could provide Day Habilitation services to Group Home B, as long as they are not providing both Group Home and Day Habilitation services at Group Home A.

6. One attendee said that individuals who receive services may require consistency and may not work well with shift staff. She asks if SDS has considered how residents will be affected by changes to Group Home staffing requirements.

7. One attendee said that some individuals served in group homes experience complex behaviors, emotional regulation issues, and social anxieties that make it challenging to receive individualized, person-centered Day Hab services from less familiar staff. He disagrees that Day Hab services should be provided by separate unique staff, as opposed to staff that individuals desire to work with and are most comfortable with.

**SDS Response:** The group home service includes community integration, which should be provided by group home staff. SDS believes that needs such as anxiety related to working with multiple people can be addressed through the person-centered planning process and training.

### **Questions: Delineation between Family Home and Group Home Habilitation**

1. Will the separation between Group Home/Family Home be regulated by SDS, if the licenses are regulated through ALH and OCS? One attendee said there are already huge differences between the processes as is.

**SDS Response:** SDS is considering incorporating these changes into its regulations that are used to guide certification of Group Home Habilitation and Family Home Habilitation. SDS oversees certification and would be responsible for overseeing how these changes are implemented.

2. Licensing would continue to be performed by the Division of Healthcare Services or the Office of Children's Services.

3. One attendee said there was a major regulation change five years ago, in which family homes were required to license as a group home and not contract with agencies. She said these homes had to put in major investments to license as a group home, including sprinkler systems, insurance, and licensing burdens. She asks why these homes should revert to Family Home Habilitation and take a major pay cut.

**SDS Response:** SDS did not require any Family Home Habilitation sites serving adults to become group homes; both settings are required to be licensed as an ALH. The Department is

exploring changes the ongoing burden associated with insurance and licensing as part of this effort to create a clearer delineation between Group Home Habilitation and Family Home Habilitation. Rules about sprinkler systems are determined by the municipalities and typically only apply to homes that support three or more people.

4. Could the Care Coordinator determine if the home is a Family Home or Group Home setting, since they are responsible for the plan of care.

**SDS Response:** This is a certification issue and federal regulations require that the State agency overseeing the waiver make this distinction. The care coordinator's job is to present the array of options so that the participant can make an informed choice.

5. One attendee said that typically agencies certify numerous homes under one provider number. She asked if CMS is requiring individual provider certification for each group home/ALH, or if it is a state-specific proposal.

6. One attendee expressed that requiring individual group homes to certify separately would be burdensome. She asked if this was necessary if Harmony was already tracking group homes.

**SDS Response:** SDS is working to independently enroll and certify each group home site. If the OHCDS option is adopted for Family Home Habilitation, Family Home providers could operate under the OHCDS' certification or be independently certified, but in either case, each site would have to be independently enrolled as a Medicaid provider and have a site specific provider number (also known as a rendering ID). Individual provider numbers are necessary for each site so that SDS can identify where all participants are being served.

### **Questions: Number of Staff/Providers**

1. An attendee asked if there will be consideration in allowing more than one provider for Family Home Habilitation services to the recipients.

**SDS Response:** Only one unit of Family Home Habilitation can be billed each day. It could be possible to have different providers on different days, though this could be logistically and financially challenging to implement.

### **Questions: Family Members Providing Support**

1. Could live-in staff of a group home have children and spouses living in the home unpaid, or would the home have to change to a family home?

2. Does everyone residing the group home have to be receiving paid services, and would that require spouses and children of live-in staff to move out/not be allowed to live there?

**SDS Response:** SDS is concerned that by allowing family members of paid staff to live in the group home, this will dilute the ability of the group home to reflect the residents' preferences and needs. However, SDS will explore whether this might be allowed in extraordinary circumstances.

### **Other Feedback and Input**

**Comment #1:** An attendee said that her daughter was in a group home with staff on 8-hour shifts and the owner off-site. She said that accountability and staff turnover were problems. Staff went to the staff room and were not available to residents but on their phone. Staff mainly performed paperwork, and issues with cleanliness and disrepair contributed to decreased social skills and increased anxiety amongst residents.

**Comment #2:** One attendee said that her daughter has social disabilities, communication problems, and difficulty accepting changes, but has a stable provider living on the premises that improves her sociability and communication. However, she expressed that a high turnover of staff in different support services and 8-hour shift staff led to difficulty for her daughter in forming these relationships.

**Comment #3:** An attendee said that in a group home, the one 24-hour staff is responsible for the day-to-day supports of residents and writes the billable ALH notes, while different Day Hab staff come in throughout the day to provide that billable service. For example, he said that some Day Hab staff return from Day Hab services, then help provide services to Group Home residents, such as with meal preparation and hygiene routines. He said that preventing existing available resources from helping handle day-to-day operations would increase the burden on the 24-hour staff and reduce the quality of care for the residents, even if the intent is for residents to experience different staff.

**Comment #4:** An attendee said that having DHI staff as separate staff that cannot provide any Group Home services would be challenging for all agencies—large, small, and private—to adequately staff and build schedules. He said that many FTE schedules are built around providing supports with GH and DHI with most agencies.

**Comment #5:** An attendee said that these changes appear to be intended to increase the number of people who can work with individuals. He said that in his experience, residents' success, preferences, and quality of life have improved the familiarity, stability, and constancy of staff compared to shift models with more staff. He asked what motivated the proposed changes and their stated intentions.

**Comment #6:** An attendee said that prohibiting Group Home staff from providing other services to the same Group Home residents does not promote person-centered choice in many scenarios, and would impact many service recipients negatively.

**Comment #7:** An attendee said that her daughter is in a group home with an owner on-site 24/7 who provides all the services. She said the home is clean and repairs are provided and her daughter is forming gainful relationships with her provider and other residents.

## **HOW MANY PEOPLE ARE SUPPORTED/HOW RESIDENTS' PREFERENCES ARE ACCOMMODATED – NO CHANGES TO PROPOSED LANGUAGE**

**There were no changes to the proposed language since the last webinar meeting.**

### **Questions: Number of Residents**

1. One attendee said that Group Home resident rates are constantly in flux and asked what would happen to a group home below the regulation requirements (e.g., one resident, but searching for another). She asked if the group home would need to switch to Family Home Habilitation.

2. Another said that residents are not a constant number and can come and go. She asked if SDS is anticipating that owner/operators shift between Group Home and Family Home Habilitation based on the current number of residents. She expressed concern that changing structure and staffing based on the number of residents would be burdensome for licensing and care coordinators, especially with the difficulty in acquiring relief staff.

**SDS Response:** SDS does not anticipate that providers will shift between Family Home Habilitation and Group Home Habilitation based on the number of residents. Group Home Habilitation homes could serve one person, but this may not be financially viable if the owner operator lives on site and the home has to meet the 2 FTE requirement. If this is temporary while new residents are recruited, SDS will work with the provider during this transition. If this is a long term situation, the Group Home Habilitation provider will need to convert to Family Home Habilitation.

4. Would a family home with three current residents have to move out a resident to stay within the Family Home Habilitation model?

**SDS Response:** This would not be the case. SDS would assume that the residents have already been approved for Family Home Habilitation and there would be no need to move them.

5. What are a resident's placement options if displaced by any potential changes, such as if their care needs are not being met by changed staffing ratios, such as out-of-state institutionalization or 24/7 waiver services?

**SDS Response:** None of the changes should cause any residents to be displaced. SDS would be happy to review individual cases to discuss how they may be impacted by the changes.

### Questions: Permanent Exception for Existing Providers

1. Will it be necessary to have a waiver for service providers that no longer match the new regulations?
2. What is being considered as grandfathered status?

**SDS Response:** SDS will have a transition period for providers needing to transition from Group Home Habilitation to Family Home Habilitation, but SDS does not have the ability to grant a permanent exception for existing providers.

### CERTIFICATION REQUIREMENTS/OHCDS OVERSIGHT AGENCY – UPDATED PROPOSED LANGUAGE

- **Family Home Habilitation: Changing the amount of required insurance; would still be required to have a business license; changing the ALH license requirement for adults**
- **Group Home Habilitation: No changes to current insurance requirements; would still be required to have a business license and follow ALH license requirements**
- **An OHCDS oversight agency is still planned to be implemented, through which Family Home Habilitation providers may be certified, receive technical assistance, and bill Medicaid.**

### Questions: Pay Rates

1. Have any cost analyses been done by SDS relating to group home staffing patterns?

**SDS Response:** Yes, the Department's rate setting process compared the cost for people who were in Family Home Habilitation and Group Home Habilitation and the costs for the provider were lower in Family Home Habilitation.

2. Will SDS pay the Family Home provider when take their client out of town on vacation, or if they will be penalized for allowing the client to participate in overnight activities with school or friends?

**SDS Response:** Currently, the payment is for a service within a licensed home so if the participant is not in the home, the service should not be billed. However, SDS agrees that under the Family Home Habilitation approach it could make sense to change this. SDS will explore whether and how they can make this happen. However, Medicaid can never be used to pay for

services provided outside the United States and payments for services must be in alignment with public assistance rules.

3. An attendee asked about paying the same rate for Family Home and Group Home Habilitation.

4. Another attendee suggested eliminating the issue by paying the same daily rate for Family Home and Group Home Habilitation. She said that the care provided in smaller owner/operator homes is typically better than in a shift-style home, and wonders why a smaller, more person-centered family home would be penalized financially compared to group homes.

5. One attendee said that the cost of Family Home Habilitation is less compared to Group Home Habilitation, but that the cost of doing business and providing services is still the same and doesn't change.

**SDS Response:** SDS is trying to make Family Home Habilitation a choice for participants who would like to live in a family environment. Because Family Home Habilitation and Group Home Habilitation have different structures and requirements, they should have different rates.

6. How is SDS determining the cost of care for two individuals in a family home compared to a group home?

**SDS Response:** SDS does not determine the cost of care; this is determined by the Department of Public Assistance (DPA). Family Home and Group Home Habilitation rates are determined by the Office of Rate Review.

7. Is SDS looking into different pay rates for different levels of care?

8. One attendee said that she is the mother of a severely disabled child that was able to license her home as an ALH. She said that one problem she's seen amongst her peers is that SDS pays the same rate for children with high levels of need and children with low levels of need. She feels that the ALH infrastructure discriminates against children like her daughter, who need one-on-one care, due to regulations on the number of residents per staff. She said that the Family Home model would pay less for a high-needs individual, while the Group Home model would be limited in the amount of high-level care patients it could accommodate. She suggested using a model in which a quantified level of care (e.g., 1, 2, 3, etc.) would determine pay rates.

**SDS Response:** For this specific project, different pay rates for different levels of care is not envisioned.

9. Is SDS considering a rate increase for Family Home Habilitation?

**SDS Response:** This project is not considering Family Home Habilitation rates, but that rates are reviewed and updated on a regular schedule. The Department may adjust rates to make them consistent with service expectations.

10. One attendee said that there has never been a rate rebasing on reported costs for either service and said that a rate structure needs to be updated in conjunction with differing levels of service and staffing in licensed ALHs.

**SDS Response:** Rate rebasing is occurring this fiscal year. Selected providers need to complete and submit cost reports before rates can be updated.

11. One attendee said that there is an incredible amount of work and effort to keep in compliance with a Family Home or a Group Home Habilitation license, especially given a family home's responsibility to provide 24-hour care. She asked why a review of the Family Home Habilitation stipend was not being considered as part of this effort.

**SDS Response:** The Family Home Habilitation rates are being examined as part of the rate rebasing effort. Selected providers need to complete and submit cost reports before rates can be updated.

12. One attendee recommended that SDS focus on the differences between Group Home and Family Home Habilitation based on provider budgets and profit and loss statements. He suggested that providers voluntarily submit their financial information to help SDS differentiate family home expenses versus group home expenses (which should be significantly higher).

13. Another attendee asked if an analysis of existing cost surveys submitted to ORR could provide information on staffing patterns within group homes.

**SDS Response:** The goal is for participants to have two distinct services to choose from and SDS is trying to clearly delineate between these services. The Family Home Habilitation rates are being examined as part of the rate rebasing effort. Selected providers need to complete and submit cost reports before rates can be updated.

## **Other Feedback**

1. One attendee said asked if CMS's new guidelines on the "Reassignment of Medicaid Provider Claims" addresses the original concerns about "third party assignments."

**SDS Response:** CMS' recent guidance do not appear to be relevant to this discussion. However, SDS would be happy to reconsider this if presented a policy analysis that shows otherwise.

### **Senate Bill 98/House Bill 119: Adult Foster Care**

Senate Bill 98 / House Bill 119 establishes a new residential license category, “adult foster care home,” in which youth with disabilities eligible for a 1915(c) waiver in foster care can continue to live with their current foster family after leaving the state’s custody. This also provides certification standards for this new service type and an opportunity for enhanced support for caregivers of individuals with disabilities aging out of the foster care system.

<http://www.akleg.gov/basis/Bill/Detail/32?Root=SB%2098>

Tony Newman from SDS is seeking stakeholder feedback to address the following questions:

1. Would there be interest in making the “adult foster care home” available to individuals beyond those who are aging out of the foster care system?
2. What would be the “streamlined” licensing requirements of an adult foster home?

### **SB 98 / HB 119: ADULT FOSTER CARE**

#### **Questions**

1. Would HB 119 apply to individuals who have waivers but were not foster children, since it seems limited to “providing transition to individuals from foster care to adult foster care homes”? An attendee expressed that the bill could be valuable in making the licensing requirements of services for a wider demographic more family-centered.

2. Another attendee said that an adult foster care home would benefit Alaska. However, she expressed that it should not be limited to individuals aging out of the foster care system.

**SDS Response:** SDS said that the bill is currently limited to people who were foster children.

3. Can foster homes be dual-licensed to serve children and adults for individuals aging out of foster care but intending to remain in their current home?

**SDS Response:** The Department routinely approves these kinds of situations.

4. Is OCS part of this discussion regarding children aging out of foster care and transitioning to an “adult care home”?

**SDS Response:** The Office of Children’s Services (OCS), SDS and Health Care Services have all participated in the process of developing the proposed bill.

5. Would the bill apply to children that have been adopted through foster care?

**SDS Response:** SDS said the bill is currently aimed at foster youth who age out of the foster care system. However, the governor’s office is interested in feedback as to whether the bill should apply to others, such as a foster child with a disability who was adopted by the foster parents.

6. What would the Medicaid rate reimbursement be for Adult Foster Care Services?

**SDS Response:** The Medicaid reimbursement rate for Adult Foster Care Services will be determined if and when the bill passes as part of the administrative rule change process.

7. Could the adult foster care home be made as an alternative avenue for supports alongside Family Home Habilitation and Group Home Habilitation for adults with IDD/APDD?

**SDS Response:** If passed, SDS envisions that all three types of services could be a choice for participants who qualify.