



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of
Health and Social Services

ALASKA COMMISSION ON AGING

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April 4, 2016

The Honorable Mark Neuman, Co-Chair
The Honorable Steve Thompson, Co-Chair
House Finance Committee
Alaska State Capitol, Rooms 505 & 515
Juneau, Alaska 99811-1182

Subject: Senior Input on Medicaid Reform, CSSB 74

Dear Co-Chair Neuman and Co-Chair Thompson:

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, such as those provided through the Alaskans Living Independently waiver and Personal Care Assistance Medicaid programs, support seniors who are income-eligible and require assistance with activities of daily living so that they may live in their homes and communities for as long as possible, thus preventing the need for higher cost institutional care. Under the former Administration, the Commission provided recommendations to the Medicaid Reform Advisory Group and serves as a current member of the Department of Health and Social Services Medicaid Redesign Key Partner Committee. We would like to take this opportunity to share with you input that we received from seniors regarding the State's efforts to reform Medicaid.

Based on findings from the 2014-2015 Alaska Senior Survey, access to health care was identified as the 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 the Mat-Su Borough to share information about the proposed Medicaid health care reform efforts and to request input from the senior community regarding them. We used a modified version of the Department of Health and Social Services Medicaid Redesign "Meeting in a Box" power point for these presentations targeting a senior audience. Forty-five participants attended the community forums representing mostly seniors as well as family caregivers, senior providers, and other public members. The following summarizes their recommendations for Medicaid health care reform as they relate to CSSB 74.

- **Improve access to information:** Seniors asked for 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. They also requested to have this information distributed to senior centers, adult day programs, Aging and Disability Resource Centers, and other senior congregate settings. Participants noted that information about Medicaid services is complicated and confusing. Improved access to concise and easy to understand information about Medicaid was a consistent theme identified across all forums and was emphasized as an important element of a "high functioning" health care system.

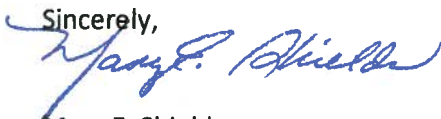
- **Strengthen access to comprehensive and integrated health care:** Seniors depend on primary care providers for the majority of their health care needs. Forum participants noted their strong desire for a patient-centered health care system that provides medical and behavioral health care services in the primary care setting. This integrated approach has shown to work well for seniors, particularly for those with untreated behavioral health care needs, as older people obtain the majority of their health care services in the primary care setting.
- **Patient case management:** Forum participants identified case management as a vital component of Medicaid health care reform particularly for individuals with multiple chronic care needs, persons with dementia, and those newly discharged from the hospital or nursing home. The role of the patient case manager is critical to ensure that patients and caregivers are following prescribed medical/aftercare discharge instructions, connecting with appropriate home- and community-based services to support health and recovery efforts, and to enhance home safety by inspecting and coordinating modification efforts to reduce the risk for falls and prevent injury. 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 case manager to facilitate an accurate exchange of information between the patient and their doctor and to engage patients in decision-making affecting their care. Forum participants were quick to note that appropriate aftercare promotes a safe, speedy, and less costly recovery following discharge.
- **Family caregivers:** Families and other natural support caregivers provide the foundation of long-term care for seniors and others with disabilities. Without family caregivers, the cost of long-term care would increase astronomically for the State. This care, however, often comes at a high cost to caregiver health and finances, especially for those who care for loved ones at home with dementia. Forum participants observed that targeted training and supports, such as respite and counseling, could reduce personal caregiver costs and extend the amount of time caregivers are able to provide quality care to their loved ones at home. Participants asked that family caregiver supports and training be included as a Medicaid reform strategy to control rising long-term care costs in Alaska.
- **Telehealth:** Forum participants expressed their support for implementing greater use of telehealth in order to address Alaska's shortage of healthcare providers, to 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.
- **Reduce Prescription Costs:** The rising cost of prescriptions is a significant financial burden for seniors who take multiple medications as well as Alaska's health care system. To reduce prescription costs, forum participants recommended that the State have the means to purchase commonly used prescriptions by seniors, such as medications for high blood pressure and diabetes, in bulk following the existing practice used for vaccine bulk purchases.
- **Enhance Personal Care Assistance and Waiver Services:** Forum participants underscored the need to increase the availability of these comparatively low cost services to improve senior health and safety as well as preventing the need for more costly institutional care. Many expressed concern that the State was imposing stricter eligibility requirements limiting access to services by those who are in need, increasing their risk for higher cost care.
- **Implement patient incentives to improve health outcomes:** Forum participants also recommended that the State reward Medicaid enrollees who practice health and wellness activities, such as those who quit smoking, reduce alcohol consumption, or engage in regular exercise programs, with reduced

health care premiums. By incentivizing patients, improved health outcomes can be achieved along with a corresponding savings in health care costs.

- **Medicaid State Plan Options:** Forum participants expressed support for implementing Medicaid State Plan options, including the 1915 (i/k), as part of Medicaid Reform efforts to enhance cost savings. The 1915(k), for example, can be used to refinance the Personal Care Assistance program and leverage a 6% higher federal match rate. The 1915(i) is an appropriate state option to serve income-eligible persons with cognitive impairments, such as dementia, who require assistance but do not meet levels of care as required under the 1915 (c). Personal care, adult day, behavioral supports such as cueing and supervision to enhance personal safety, case management, family caregiver training and supports, in addition to assistive and smart home technology are appropriate services that could be provided under the 1915 (i) to enhance the quality of life for an older adult living with dementia. Further, the 1915(i) could also be used to 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, as well as the State's General Relief program that is used to provide emergency and temporary assisted living home placement for those who meet the Medicaid income threshold but do not qualify for the 1915 (c) waiver.
- **Behavioral Health Care:** Participants noted their appreciation for including mental health/behavioral health care services in Medicaid reform as these services have been long-overlooked in Alaska's health care system.
- **Optional Services:** Forum participants strongly supported the continuation of 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 commend the good work of the Legislature, the Department of Health and Social Services, and stakeholders who have collaborated on this draft 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.

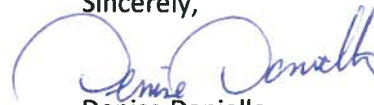
Sincerely,



Mary E. Shields
Chair, Alaska Commission on Aging

Cc: Representative Dan Sadler
Representative Tammie Wilson
Representative Bryce Edgmon
Representative Lynn Gattis
Representative Cathy Muñoz

Sincerely,



Denise Daniello
ACoA Executive Director

Representative Lance Pruitt
Representative David Guttenberg
Representative Les Gara
Representative Scott Kawasaki