

STATE OF ALASKA

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

MEDICAL CARE ADVISORY COMMITTEE

Sarah Palin, Governor

*751 Old Richardson Highway,
Suite 100-A*

Fairbanks, AK 99701-7802

Telephone: (907) 451-2017

FAX (907) 451-5046

August 3, 2007

Dear Commissioner Jackson,

Thank you for the support and resources you have provided the MCAC. The committee, composed of providers and consumers dedicated to improving the health of Medicaid recipients in Alaska hopes that our recommendations are helpful to you.

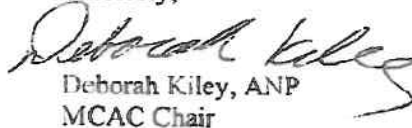
In the course of our travels to various rural communities for MCAC meetings, we have gained invaluable understanding of the unique challenges faced by the residents of these communities. When we visit, we also provide a tangible representation of your office and Medicaid to the providers and residents we meet. We have been able to address specific problems, and connect individuals with appropriate staff. The small travel budget that had been allocated to the MCAC generated a large amount of good will, and valuable information. We request that you consider restoring these funds, approximately \$11,000.00, for FY09.

As you requested during our March 2007 meeting in Juneau, we forwarded a summary document of our policy recommendations and the complete recommendations to the Health Care Strategies Planning Council. Please let us know if any clarification is needed, or if we can assist the Council in any way.

Jerry Fuller and Kathy Craft continue to be phenomenal resources, and we appreciate the opportunity to work with them.

The MCAC FY 2009 Policy Recommendations for the Medicaid Program are attached. These recommendations are based on the unanimous consensus of the committee. We thank you for the privilege of participating in the difficult task of improving healthcare in a time of escalating need and increasing budget constraints.

Sincerely,


Deborah Kiley, ANP
MCAC Chair

MEDICAL CARE ADVISORY COMMITTEE
2009 POLICY RECOMMENDATIONS
August 3, 2007

PREVENTION AND EARLY INTERVENTION

A. Autism – Many Alaskans are aware of the increased number of people throughout the U.S. and Alaska being diagnosed as having some form of autism. There is a great deal of information available about the need for our various state leaders to develop optimal early diagnosis availability, as well as maximal therapeutic and educational activities throughout the state.

Recommendation. Improve the coordination between the medical and education services for children with autism allowing for a comprehensive continuum of care which would include: 1) Screening and Diagnosis; 2) Treatment; 3) Education for family members and providers; 4) Appropriate education for children and youth with autism; 5) Early Intervention; and, 6) Support the work of Governor’s Council on Disabilities and Special Education.

B. Pregnant Mothers / Fetal Alcohol Spectrum Disorders (FASD) – Women of child-bearing age may drink before they know they are pregnant and continue to drink afterward as well. We know this may cause FASD in their unborn child. Also, ongoing family alcohol and drug abuse can often be prevented by identifying at-risk pregnant mothers, or moms as they deliver, who are alcohol or drug users and offer appropriate treatment and support services. Taking advantage of their nearly universal desire to be a good mother sets the stage for the optimal potential for future prevention. Early care of patients with alcohol and/or drug abuse appears to also be much more effective, in helping individuals recover from addiction.

Recommendation. Continued prevention efforts should focus on educating women of child-bearing age to avoid alcohol to ensure their health and their child’s health during pregnancy. It would be very worthwhile to develop an active treatment continuum of care, specifically designed to treat alcohol and drug abusing women who are pregnant or who have a newborn child.

C. Early Intervention for Adult and Adolescent Behavioral Health Services – Adults and adolescents often find themselves unable to access behavioral health treatment or services until they become a danger to self or others. Early care of patients with alcohol and/or drug abuse, nicotine, tobacco, emotional problems, mental illness, as well as obesity and overeating appears to also be much more effective.

Recommendation. Increase funding for general mental health care ensuring general mental health, prevention, and early intervention services to adults and adolescents. (See Comprehensive System of Care, Section B. Treatment Services, page 4.)

COMPREHENSIVE SYSTEM OF CARE

A. *Dentistry* – Alaska needs access to more dental providers who will offer care for those whose services will be reimbursed through Medicaid.

Recommendation. Educate policy-makers and funders to ensure an increase in dental Medicaid reimbursements rates which should result in an increased number of providers accepting patients whose services are reimbursed through Medicaid. In addition, the reimbursement rate has not been increased for years and current rates do not reflect actual costs. The increase should be 25% of current rates and no less than 10%. It is also critical that the new adult dental Medicaid program be monitored for barriers and outcomes.

B. *Treatment Services.* Alaskans have more behavioral health needs than can currently be served in our existing system of care and there is a provider group that is not being fully utilized. The control of mental health issues, just as with other medical issues, is most effectively done through prevention, early screening and intervention, diagnosis and treatment. The use of various types of education (for prevention) and early treatment of symptoms is certainly much more cost effective than waiting to fund treatment once an individual has severe mental illness or emotional disturbance.

Recommendation. Fund a full array of services including those provided by independent licensed mental health professionals. At a minimum the department should consider a pilot project in which a controlled number of independent licensed mental health professionals throughout the state are given temporary eligibility to enroll as a Medicaid providers.

C. *Substance Abuse Treatment.* Alaska has a high substance and alcohol abuse rate and there is a critical need for a comprehensive continuum of care which addresses substance use disorders. In addition, early care of patients with alcohol and/or drug use disorders appears to also be much more effective and enhances their quality of life.

Recommendation. Encourage state support for the development and sustainability of a full array of services for chemical dependency, addictions and alcohol abuse and pursue options and innovative strategies of evidenced-based treatment practices.

D. *Medicaid Waivers Based on Functional Assessments.* Individuals with a primary diagnosis of Alzheimer's Disease and Related Disorders (ADRD) currently are not eligible for the Older Alaskans Medicaid waiver, which is based on a medical model. Individuals with a Traumatic Brain Injury (TBI), including many seniors who have suffered falls, are also ineligible.

Recommendation: Encourage and work with the Department on a waiver which bases eligibility on a functional assessment, with individuals receiving needed services (such as personal care) on the basis of their documented need, rather than on specific diagnosis codes or medical factors.

E. Long-Term Care Strategic Plan. Alaska's senior population is the second-fastest-growing in the U.S., and will continue to grow rapidly as the baby boomers age in place. Many communities lack the resources (e.g., sufficient assisted living, nursing home, in-home personal care, etc.) that today's seniors need, and are unprepared for the coming surge in the senior population. Most seniors wish to remain at home in their own communities as they age.

Recommendation: The Department in coordination with the Alaska Commission on Aging, the Division of Senior and Disabilities Services, the Governor's Council on Disabilities and Special Education, the Alaska Mental Health Board, the Alaska Mental Health Trust Authority, and other agencies serving seniors and people with disabilities should work to create a long-term care strategic plan that will guide public and private investment and focus with respect to long-term care resources for the next 25 years.

F. Medicaid Waivers. Through the Deficit Reduction Act (DRA) Alaska has waivers opportunities with its state Medicaid plan.

Recommendation. The MCAC supports the continued review, evaluation and approval of Medicaid waivers for targeted populations who experience Alzheimer's, developmental disabilities, Traumatic Brain Injury or Autism. The committee also supports the continuing work of Pacific health with regard to their recommendations

USER/RECIPIENT NEEDS

A. 1-800-Number. Consumers and providers need a simple process in which they can ask questions and report concerns about excessive costs, ineffective therapies, inability to find a provider, difficulties traveling, or any other Medicaid program concerns.

Recommendation. The department should develop and widely publicize a 1-800-Number and email address for consumers or providers who have questions or would like to express concerns.

TRAVEL

A. Family and Consumer Travel. Consumers receiving services and travel paid through Medicaid often experience problems when traveling or escorting a child or individual. Issues and concerns expressed to MCAC members include (but are not limited to); accessible land transportation such as cabs and shuttle buses, when consumers are away

from their home community or out of state; airline seat assignments; the need to lodge at hotels that have restaurants located within the premises; and flexible food vouchers.

Recommendation. Consumers need a travel “life vest” for use when traveling if they experience difficulties. This “life vest” would consist of an emergency and routine number for use 24/7 when traveling. Extensive training on how to work with consumers would be beneficial for State Travel Office (STO) and First Health personnel. It might be helpful for the state to move toward using electronic tickets instead of vouchers for consumers. First Health could just authorize the travel and the STO could provide the electronic ticket information to the traveler.

B. Provider Travel and Urgent Care. MCAC members have heard testimonies related to streamlining the process and time required for urgent care which requires travel outside of villages and rural communities. In these instances, the Community Health Aide has verbally received doctor approval to transport an individual out of their home community and the State Travel Office should approve these urgent and/or chronic care requests with an automatic retroactive review once the urgent care has been resolved.

Recommendation. First Health, the State Travel Office, Community Health Aides and department staff should meet regularly to discuss issues and find resolutions to the issues presented. These meetings should also include trainings around job duties and requirements. It is further recommended that the meeting may have most impact if it occurs in a rural/remote community.

The MCAC would like to offer continued support to the following ongoing issues:

C. Brain Injury. Severe traumatic brain injuries can be devastating or fatal, and are always expensive, but can often be prevented by requiring the use of helmets, at the very least for those under 18 years of age. Members of the MCAC continue to hear the need to offer prevention and early intervention services as a way to reduce these injuries.

Recommendation. Community prevention efforts must address educating community members both young and old; ensuring the prevention plan fits within the needs of the community; and, finally enforcement of the plan. Also, introducing and supporting legislation which would require helmet use by children and youth under the age of 18 during “at-risk” activities (cycling, snow-machining; motor-cross; 4-wheeling) would be appropriate.

D. Bring [and Keep] the Kids Home. As noted last year we strongly support the idea of bringing [and equally important keeping] Alaska children home who have been hospitalized out of the state for residential psychiatric services. And more importantly, the MCAC supports building the infrastructure that will sustain a comprehensive system of care for children with the most intensive need being served in state. This system of care will provide a much more positive treatment milieu to keep parents, teachers, and friends involved in their child’s care.

Recommendation. Continue to support and fund the “Bring the Kids Home” initiative which focuses on building a comprehensive system of care for Alaskan children.

E. Chronic Disease Management. Proactive chronic disease management ensures an enhanced quality of life for the individual suffering and is more cost effective and efficient.

Recommendation. The department should consider increased funding for enhanced access to care coordination and peer navigator activities.

F. Tele-Health and Tele-Psychiatry. Tele-health/psychiatry is essential to the rural and remote treatment continuum. This service type allows community health aides and other community personnel the ability to contact medical staff for consultation and direct service provision when otherwise they would be unavailable.

Recommendation. Build upon the API system and continue to improve and enhance the statewide use of telemedicine and tele-health services.