

Notes from Alaska Medicaid Advisory Committee

February 3, 2025, 3:30 – 5pm

Beneficiary Advisory Council Update

Presenter: Jen Griffis

Department community partner: AK Children’s Trust (ACT)

Next steps: Will be reaching out to partners that work with and represent beneficiaries

Commissioner’s Office Updates

Presenter: DC Ricci

Department of Health Four Arcs of Effort

1. Childcare
2. Strengthening the Behavioral Health System
3. Transformation of Care (health related needs, justice involved initiatives, coordinated care)
4. Overdoses and suicide prevention

Legislative priorities

Legislative bill request by governor and DoH and DFCS support. Focuses on Arcs of Effort; strengthening behavioral health, and improvement of complex care needs.

- Proposing in a new bill that allows for the creation of new license type “Complex Care Residential Homes.”
 - Thought to be a bridge between assisted living home and acute care setting for those with complex needs, especially with behavioral health diagnoses.
 - The Complex Care Initiative has identified gaps in the continuum of care, and this bill is a partnership between DOH and Department of Family and Community Services to meet those needs.
- When putting together a large project, there are specific steps:
 - identify the individual need,
 - determine where can they go,

- develop the services,
- and ensuring payment.
 - This bill will help with “where can they go...” It doesn’t answer “Services” or “long term funding stream.”
- The idea is that the CCRHs should be homelike settings; can be built out specifically in population
- This bill will be introduced in both the Senate and House.

Serves a broad array of patients:

- 1) Youth who have a severe persistent diagnosis – autism; now ready to come back from out of state treatment in a facility
- 2) Adult who has a mental health disorder; eating disorder or something else unique that cannot live independently, or with a higher level of care than an assisted living home
- 3) Seniors staying long periods of time – dual underlying schizophrenia/dementia; challenges with finding places that are licensed/credentialed and able to care for them.

Department Updates

- Rate methodology review is ongoing
- Received federal grant and Alaska is in the next cohort for certified community behavioral health clinics.
- More funding to build out justice involved youth work; DOC/DJJ/DOH; \$1M+ grant awards
- Goal for DoH to become nimbler in responding to opportunities at a federal level
- The number of grants applied for and been able to receive have been great examples of opportunities being applied for, implemented, and able to create positive change from it.

Division of Senior and Disabilities Services

Presenter: Director Newman

- Development of the InterAI waiver assessment instrument
 - (HCBS waiver or PCA services); new tool; has been long sought by stakeholders; funding for it came through at the start of last year; systemic changes that have long been sought; enhancing flexibility; new services for minimal added cost for the state; recipients of services to have more

- responsibility; and how they use; making good progress and research with CMS.
- Approval for 90% match funds for planning work; AK the first state approved for this initiative. Technical Assistance opportunity with “Advancing InterAI” national initiative; RFP’s for InterAI Software; regular engagement with stakeholders; mailing to recipients of services;
 - Complex Needs – as DC mentioned; partner division in trying to better serve people with complex needs; applying services in new ways; allows for more individualized intensive support; working on regulations now
 - American Rescue Plan Act – funding; environmental modifications being used in assisted living homes willing to serve complex patients; normally wouldn’t be eligible; intended to go into recipients homes; reinforce walls, windows, steel toilets, security systems, anything they can justify to serve complex need patients
 - Critical Incident Detection System – field and work on adult cases; adults exploitation; several years ago office of inspector general noted had no way to know if there were issues in places adults were cared for.
 - Pulse Light Aura – allow comparison of MMIS claims with critical incident reporting system – when Medicaid is seeing things happening can match them up; better job of quality assurance / identify waste and abuse of the system; think this will have great application; went live Saturday 2/1

Division of Health Care Services

Presenter: Director Keilman-Cruz

- Provider Enrollments
 - HCS was behind and getting a lot of complaints; workgroup formed to figure out issues; vendor that manages fiscal agent (HMS) they did a Kaizen event where looked at all of the processes in provider enrollment to determine
 - Short Term Fixes (forms, how we think about process, what we do).
 - Mid Term Fixes (almost ready to be rolled out – using docusign to pull in packets); take complicated enrollment packages; used to be a variety of forms you had to go to a lot of different places. Recognizing opportunities in modules; old MMIS had everything; now going into “modules” one is a provider enrollment module.
- Service Authorizations

- Have not very timely on them because they are very manual processes. Request for information – providers that express interest. 10 year plan for modernization for Medicaid information system
- Third Party Liability
 - Providers will submit a claim and there may be an alternate insurer that could pay; need to submit; and have an EB indicator; recognize for some providers that can be an issue; also for some clearing houses
- Budget updates: \$14M Provider Enrollment Portal; \$1.4M funding priority in governor's budget.

Division of Behavioral Health

Presenter: Director Dompeling

- Optum/MMIS Transition
 - On November 1st DBH transitioned all claims to MMIS system (Medicaid Management Information System). Transition experienced some large system issues impacting providers; a lot of collaboration.
 - When providers are having challenges – please reach out. Determine if the issue is specific to provider; enrollments; or if there is something erroring on the back end. The department is pleased with the transition, being as successfully as it has.
- 1115 array of crisis services
 - Mobile crises response/24 hour services, based on a lot of discussions during roadmap.
 - May be struggling to stand up services for mobile crises response teams.
 - Trouble setting up for provider to have available 24/7; not everyone can do; how to build in flexibilities to ensure communities can have services available
- DBH awarded the Certified Community Beh Health Clinic grant
 - Two of the big focuses working on will be developing policies for certification of clinics working to establish the PPS (prospective payment system) for this type of clinic
 - And CCBA's are required.
 - Set up for submission of CCBA demonstration grant, looking to ensure longevity of the program through the State Medicaid Program.
- Comprehensive Integrated Mental Health Program Plan Staff for comp plan in public health, but position will be moving into Beh Health in 2026.

- Recognize there are other pieces to the comp plan than in behavioral health; much of the work want to make sure not working in silos.
- COMP plan is strategic framework.
 - DoH and DFCS in coordination with AK Mental Health Trust;
 - statutory component
 - developed over 16 month collaboration process
 - 200 stakeholders involved; education, corrections, labor, law, s
 - 10 focus areas; early childhood and youth, healthcare, economic and social wellbeing, substance use, suicide, least restrictive, institutional settings , work force, data.

Division of Public Assistance

Presenter: Division Operations Manager Stovall

- Direct Contact and Outreach
 - DPA is looking at establishing frequent visits (every other week or once a week) at the 3rd Avenue Navigation and Resource Center
 - provide direct service to unhoused population and support when applying for services
 - providing direct services will be engaged with unhoused population - handle interviews and get benefits
- Expanded non merit related work with PCG (contractor)
 - Import and review of documents
 - Currently a lot of work with application and renewals, such as verifications that come in to get classified and worked.
- Provider support team that is being stood up. Next steps to work towards
 - medical providers; measured rollout of this initiative
 - newborns that impact mothers post-partum eligibility;
 - hospital presumptive eligibility;
 - online form that medical providers use to

Workgroup Updates

Presenter: Chair Oswald

Provided updated around progress being made in two sub-workgroups. Looking to start the third workgroup with the department soon.

Review of Updated Bylaws

Presented: Christal Hays and Chair Oswald

Reviewed changes to the by-laws to be updated to the federal rules. No members had questions/comments.

Public Comment

No comments.

Member Topics

No member topics.

Attendance

- Jessica Oswald
- Christal Hays
- Ashely Minaei
- Becca Stovall
- Chad Jensen
- Dane Leanker
- Emily Ricci
- Jen Griffis
- John Solomon
- Kris Delfino
- Lorne Carroll
- Mary Middleton
- Michael Baldwin
- Philip Hofstetter
- Dr. Lawrence
- Susan Wheeler
- Director Newman
- Director Dompeling
- Director Keilman-Cruz