
**Community/Provider Forum for
1915(i) and 1915(k) Options for
the State of Alaska**

Community/Provider Forum

January 2016

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Agenda

1-Introductions

2-Background Presentation

3-Open Discussion

Introductions

- Health Management Associates
- Division of Senior and Disabilities Staff

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. We work with states, health plans, direct service providers and advocacy groups to refine delivery systems and optimize financial support.

Alaska's Fiscal Environment

- State fiscal concerns
- Not expanding home and community-based services at this time
- Re-engineering how we are paying for current home and community-based services

Medicaid Program Background

- To receive federal match for Medicaid services, states abide by the federal Medicaid law. This law defines what states:
 - 1) must do;
 - 2) can choose to do (referred to as an “option”); and
 - 3) cannot do.
- As long as states comply with the federal law, they are free to set their own guidelines regarding eligibility and services.
- States can request to do other than what is specified in the law by applying for a waiver. Example: Section 1915(c) Home and Community-Based Services (HCBS) Waiver.

Limitations of the 1915 (c) Waiver

- The waiver program can:
 - Cap the number of people receiving services
 - Have waiting lists (registry)
 - Limit geography where services are provided

Opportunity of the State Plan Options

- Provide services and supports to help people stay in their homes and communities.
- Available to all those eligible, i.e., no caps, no registry, no geographic limitation. States may determine process for setting individual budgets for participant-directed services.
- There is a federal contribution for all services included under the State Plan.

State Plan Options Overview

1915(k) Background (Community First Choice)

1915(k) State Plan Option Key Features

- In 2012, 1915(k) became a new option to provide consumer-directed, home and community-based attendant services and supports
- Eligibility
 - Must meet functional eligibility equal to an institutional level of care
 - Medicaid eligible
- As long as eligibility criteria are met, benefits are available all statewide regardless of age or diagnosis
- Federal government contributes more money (56% instead of typical 50% Medicaid match to state dollars in Alaska)
- Agency model and consumer-directed model at state's discretion

Covered Services

1. Assistance with Activities of Daily Living (ADLs), Instrumental ADLs, and health-related tasks, e.g., assistance with medication administration, catheter, oxygen.
2. Skills training to help people to accomplish ADLs/IADLs, and health-related tasks.
3. Back-up systems (e.g., emergency response button) and mechanisms to ensure continuity of services and supports.
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)
- Good and services that increase an individual's independence or substitutes for human assistance, to the extent that expenditures would otherwise be made for human assistance, e.g., ramp that allows person to enter home independently.

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 home and community, they cannot be inpatient institutions 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

- State plan option to provide consumer-directed, home- and community-based attendant services and supports
- 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)
 - Medicaid eligible
 - Targeted populations
- Federal government contributes (50% match to state dollars in Alaska)

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

Affordable Care Act 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 and Community Forums
 - In person in Anchorage, Barrow, Bethel, Fairbanks, Mat-Su Valley, Juneau, Kenai, Ketchikan, Nome
 - Statewide webinar

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
- Submit to CMS - 1/2017
- CMS Approval - 6/30/2017
- “Go Live” – 1915(k): 1/1/2018
1915(i): 7/1/2018

Further Information



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DHSS State of Alaska

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Duane Mayes
Director



Deb Etheridge
Deputy Director


SDS Newsletter - July 2015
Staff Spotlight - Recognitions

About Us

Welcome to Senior and Disabilities Services

Our mission is to promote health, well being and safety for individuals with disabilities, seniors and vulnerable adults by facilitating access to quality services and supports that foster independence, personal choice and dignity.

We're expanding Medicaid to cover more Alaskans.



Click here to learn if you are eligible.

By federal requirement, an advisory group providing input and guidance to the state and public regarding Medicaid 1915(i) option and 1915(k) Community First Choice option for Home and Community-Based Services (HCBS) benefits has been established. Find out more:

Medicaid Reform in Alaska

Inclusive Community Choices

1915(i) and 1915(k)

Click here for more information about the reform initiative

Senior and Disabilities Services

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- Our Mission
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Units

- Adult Protective Services (APS)
- Intellectual & Developmental Disabilities (IDD) Waiver
- Nursing Facility Level of Care (NFLOC) Waiver
- Grant Services
- Personal Care Assistance (PCA)
- Policy & Program Development
- Provider Certification & Compliance
- Quality Assurance (QA)
- Research & Analysis
- Operations & Training

Programs and Offices

- Aging and Disability Resource Centers
- General Relief Program
- Home and Community Based Senior Grants
- Medicare Information Office

Questions?

Discussion

- Person-Centered Assessment/Care Planning
- Operational Duplications/Opportunities for Streamlining
- Automation/Technology Systems
- Eligibility/Level of Care Determinations
- Service Array
- Intended Populations
- Financing