

# HCBS Reform Community Forums

2017

Tuesday, January 17, 2017 – Anchorage, 50 participants

## Comments/Questions/Input

- Will a recipient be able to be both on a waiver and on 1915(k)?  
A: Yes.
- Is Senior and Disabilities Services expecting to finish 1915(k) implementation efforts in July?  
A: Yes, but we recognize that the timeline is aggressive. We are hoping for a July implementation but it could be later.
- How will Community First Choice [i.e., 1915k] affect providers?  
A: If a client meets Level of Care, providers will be told through the care coordinators, what the client qualifies for.
- Will providers have to certify?  
A: We currently assume that providers will not have to certify, but that is to be determined.
- Will Community First Choice require the Plan of Care to be more timely?  
A: Yes.
- Will autism fall under 1915(i)? Key words: Intensive active treatment services, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT).  
A: That part of the budget has been removed as a waiver option and now falls under the Division of Behavioral Health. Development of a regulation is in progress.
- Would kids on TEFRA have to apply for Community First Choice?  
A: The Registry will only apply to the larger waiver. This will leave a percentage of low end users. For the Centers for Medicare and Medicaid Services to approve, all settings must be Home and Community-Based Settings compliant.
- Will the new assessment tool be medical, functional, or both?  
A: The new tool will be a bit of both.
- Wants to make sure that Senior and Disabilities Services understand that the training of care coordinators needs to be person-centered.  
A: The State Plan Amendment required for Community First Choice implementation has a big section on person-centered.
- Please explain the Maintenance of Effort requirement.  
A: In the first year of Community First Choice operation, the federal government requires Alaska to spend the same amount as the previous year. Alaska will actually be spending *more* in the first year due to the new limited supports waiver. There will also be additional services, as care coordination will likely occur through Home and Community-Based Services.
- Given that Community First Choice is a part of the Affordable Care Act: Is there a back-up plan in case this option goes away?  
A: No. There is no back-up plan. Alaska will simply retain existing structures. We will continue to provide the services currently provided. But we would have to do something other than (k).
- Will the transition of Nursing Facility Level of Care require regulatory changes?  
A: Yes. We are creating a new program.

- How will it impact the package of regulatory services?  
A: It does not.
- What will the definitions of cuing and supervision look like?  
A: We are working on that.
- How is Senior and Disabilities Services' checklist on person-centered going to affect the new services?  
A: At this time, we don't know, but we are close to having more answers from the Centers for Medicare and Medicaid Services. We are working on the eligibility criteria for the whole program.
- Will the tribal organizations be able to use the federal match?  
A: They currently qualify for 100% federal match. Moving forward, the feds will allow for non-tribal providers to use the match, including for transportation.
- Regarding the about 1,500 people on PCA who qualify for Nursing Facility Level of Care: Will the new tool be necessary for cuing and supervision in 2018?  
A: No. We capture those in our current tool.
- Will you continue to use the CAT and then switch to the InterRAI for both cuing and supervision?  
A: Yes.
- How will the InterRAI affect provider licensing?  
A: It shouldn't.
- How do you plan to address the work force requirements?  
A: It will be a lift for us, but we now have 3 trainers. It is a priority for SDS, and we maintain a strong partnership with the Alaska Mental Health Trust.
- Some states receive a federal match for training hours for providers. Would encourage Alaska to look into that.  
A: Yes. That resonates with SDS. The Department of Labor is currently receiving federal funding for an apprenticeship model.
- As the Community Developmental Disabilities Grant Program becomes the Limited Supports Waiver and subject to Community First Choice will there be additional requirements?  
A: We are working on identifying requirements associated with the new waiver.
- How will the Limited Supports Waiver affect services by providers to clients within groups?  
A: Grant Providers will have to choose to become Medicaid Enrolled Home and Community Based services providers. The care coordinators will have to be conflict free.
- Will care coordination for the supports waiver look different?  
A: No, not necessarily. We are working on that.
- What if a client is on a c-waiver, but would be a better match for 1915(k)?  
A: The client could just receive that.
- There is lots of administration with (i), (k), and (c). Is there another way that all these programs could be administered under one umbrella as a fully integrated system?  
A: The concept of pausing and including all services under one administrative authority places the division at risk, because our partners in behavioral health are not yet prepared to enforce all of the HCBS rules to include conflict free and settings requirement. CMS requires that the state is in compliance prior to approval of, for example, an 1115 demonstration project. The SDS HCBS system is not broken right now, and the division does not have the capacity to overhaul the system, while we are trying to realize fiscal savings.