



**SDS Response to Questions received by March 19, 2016 on
Proposed Regulations on Exceptions to Conflict Free Care Coordination**

March 24, 2016

1. Will Care Coordination Certification be changing to locality-based certification? Upon certification or recertification, Care Coordinators will be asked to select the geographic area(s) that they wish to be certified to serve. It will no longer be an option to choose to serve statewide, but there will not be a limitation on the number of geographic areas that an individual care coordinator can elect to serve.

2. How and who in the department will determine when there is no longer a need for an exception; for example would one independent care coordinator moving into a rural area be considered sufficient reason to revoke a conflicted agency's exception? What about two coordinators? Why or why not? SDS will make an analysis every three years of the availability of Conflict Free Care Coordination services throughout the non-urban areas of the State. On or about April 1, 2016, and every three years thereafter, a list of the geographic areas that are underserved will be posted. Agencies providing HCB services that are located within the geographic areas determined by SDS to be underserved become eligible to apply for an exception. Once granted, an exception is good for three years, expiring after the end of the three year period. Other care coordinators are not restricted from beginning to provide care coordination in a geographic area where an agency has an exception, and an exception is not revoked if additional care coordinators provide care coordination in a geographic area where an agency has an exception.

On April 1st of the year before the exception cycle expires (June 30), SDS will post the results of the analysis of the availability of Conflict Free Care Coordinator services throughout the non-urban areas of the State. Agencies that are located within the designated geographic areas are eligible to apply for an exception for the upcoming exception cycle; if an agency holding an exception for the first three year cycle does not appear on the list of geographic areas determined to be underserved when the current list is posted, their exception will expire at the end of the three year exemption cycle.

3. Under the exception to Conflict Free Care Coordination, can the program administrators for care coordination and other Home and Community Based services (waiver and personal care) report to the same Supervisor? Yes, the proposed regulation will be amended so that program administrators will be able to

report to the same supervisor or manager, and that the supervisor for care coordinators must be a separate person from the supervisor of HCB services (waiver or personal care), as care coordination and HCB services must be operated as separate units within and agency in order for that agency to receive an exception.

4. Has CMS approved exceptions? Yes the CMS Final Rule allows for an exception from Conflict Free Care Coordination for underserved rural areas, as developed and implemented by each State.

5. What does “Insufficient to meet the needs of the recipients residing in the areas” mean? A determination of insufficient to meet the needs of the recipients residing in the area will be made every three years by analyzing the number of recipients in the non-urban areas of the State who are receiving services from conflict free care coordinators. A list of underserved geographic areas will be posted; agencies located within an underserved area are eligible to apply for an exemption. The specific business rule specifying the factors used in the analysis is in draft form and will be posted at the time the initial eligibility list is posted. A geographical area is underserved if conflict free care coordination services are “...insufficient to meet the needs of the recipients residing in the area...”

6. Does a care coordinator in Anchorage, willing to travel to Barrow, count as availability of CFCM in Barrow? Not necessarily; the analysis is based on recipients actually receiving services from a conflict free care coordinator.

7. Does the proposed system require more than one care coordinator of that waiver type in that geographic area to allow for recipient choice of care coordinators? The availability of Conflict Free Care Coordination per waiver type is part of the analysis to determine availability of services in any non-urban area. However, recipients are free to choose a care coordinator outside of the geographic area in which they reside if that care coordinator has indicated they will accept clients from that geographic area. See question/answer #1.

8. Does SDS currently have the ability to know in which census areas there are acting care coordinators according to each waiver type? Yes, the information is collected by the state and the division is building a report to access the data.

9. What is the plan to add personal care services to the list of conflict free services in relationship to care coordination? SDS has elected to apply the CMS rule on Conflict Free Coordination to all HCB services in Alaska, including 1915 (c) waiver services and State Plan personal care services.

10. I understand that the “grace period” for making the change to Conflict Free Care Coordination has been mapped out and July 2016 is the current end date. Do you see any of those dates changing? The effective date for the Conflict Free Care Coordination regulations should be July 1, 2016. On that date, all Care Coordinators and Care Coordinator agencies must be conflict free or the agency must have been granted an exception to provide both HCB services and care coordination.

11. Will the state allow employee Care Coordinators in rural areas choose the place of employment and give exceptions, just because they are rural? No; exceptions will only be granted to eligible care coordinator agencies who apply under the rules that will be posted after April 1, 2016.

12. Will the State provide a copy of the evaluation determining agency eligibility serving rural areas for the conflict free care coordination amendment? SDS will post the guidance used to inform the analysis to determine areas that are underserved at the same time the list of areas where exceptions will be allowed is posted, on or about April 1, 2016, and then every three years after that.

13. If a tribal provider loses the exception after the three year/evaluation for care coordination and other HCBS will DSD give a grace period to help the individuals find another care coordinator? The exception is good for three (3) years and will expire at the conclusion of the three (3) year cycle (June 30 of the third year). A list of underserved areas will be posted every three (3) years. If a provider that previously had an exception does not make the list of underserved areas and thus is not eligible to apply for a continuing exception, the provider will have from April 1 through June 30 of the year in which the exception expires, to transition clients.