

HCBS Reform Community Forums

Fall 2016

Wednesday, October 26, 2016 – Juneau, 19 participants

Comments/Questions/Input

- If people on DRRR must meet LOC in order to receive services through the Limited supports C waiver, for those who don't meet LOC, will they still receive grant funded services?
- Individualized budgets efforts were considered in the past and Patrick may have some valuable information on this topic.
- Individualized budgets in terms of services is more person-centered than what we have now and is what people want.
- Would optional services be available under 1915K like dental services? No, this is not allowable under 1915 k option. K services provide assistance with ADLs & IADLs.
- Has SDS looked at a soft cap for those who will transition from DRRR to the Limited supports c waiver? Yes, SDS must limit or cap the level or amount of service provided under the proposed Limited C waiver program.
- Appreciate seeing FASD being considered for reform and being addressed in some way. FASD is a complex issue that appears in our justice system and other areas and must be addressed. Families who live and care for and have experienced FASD must be at the table.
- Confused by all the acronyms used in presentation
- Agencies no longer can provide services for free and are asking CCs to beef up the POC to reflect hours that agencies used to provide for free
- Some of the initiatives in supported & semi-independent living will help keep costs down and will allow people to still get services
- Will we have a continuation to CDBG grants this year since we won't be able to move forward with the Limited support waiver yet?
- Concerns about capacity of Care coordination network to take on those on the DRRR/wait list
- Reform will likely result in increased demand and workload for Care Coordinators and will require changes in the care coordination process and structure
- Care Coordination agencies have taken on more responsibility with conflict free efforts but have not had a rate increase in years. Enhanced rate care coordinator pilot is taking place currently but this is a different effort. How will Care coordinators be compensated for the increased workload that has taken place with CFCC and continues to occur with more regulation changes, travel, policy enforcements, etc.? SDS must have discussions with CC representatives about this.
- As part of SB74, one of the focuses is case management and how important it is. In reform efforts, we are proposing that a Case manager be allowed to work with a person in a nursing home for 180 days prior to discharge.