Bethel Provider Forum: Themes and Issues Raised December 18, 2015

Service Providers for ADRD, I/DD, TBI, SMI

Concern that people are being denied services because they do not have a power of attorney, even if they don't necessarily need one.

Concern about state capacity to get staff out to do assessments in a timely manner.

Question about whether telehealth technology can be used for care coordination under (i) and (k).

Question about where does supportive housing fit into the service delivery array.

Question about how functional assessment tool will be identified and what kind of role there will be for stakeholders.

Concern about how assessment will accommodate individuals with dual diagnosis e.g., DD and SMI. Preference is to minimize assessment burden. Also concern about the systems that need to be established for assessment – will they be compatible with electronic health records systems already in place?

Question about how AKAIMS and SAMS play into the system changes. Currently, there is a lot of duplicate entry. (x2)

Concern that services will be lost in transition to (i) and (k).

Concerns about what kind of burden the introduction of (i) and (k) will put on providers. Will there be more paperwork, more assessments, how many different sets of rules are there going to be for providers to follow? Currently, there are a lot of duplicative reporting requirements. (x6)

Provider capacity is limited, especially in rural Alaska. Streamlining processes will be important to maximize the limited provider time available to do direct service. (x2)

Concern about the efficiency of the existing state infrastructure to manage the new optional benefits. Currently, it takes months or years to access benefits. (x3)

Concern raised about fraud in the system, particularly in the DD system (as opposed to BH system).

Recommendation made to the state to identify the cultural activities that meet Medicaid requirements (e.g., traditional healing). Specific reference made to a community healing program that is having some success in the villages (Rose Dominic is the contact). (x2)

Need to consider unique features of Alaska; it cannot compare to other states given the lack of road system and very rural regions of the state. Also, how systems are organized varies from region to region within Alaska (e.g., NW vs. SW vs. Interior). Looking at the Lower 48 for ways to approach the needs and demands in Alaska will not provide appropriate answers.

Alaska Department of Health and Social Services & Health Management Associates

Concern about timeline to implementation - would want to delay implementation in order to have the appropriate tools in place to identify eligible consumers and provide services to them in a culturally relevant way that will not put undue burden on providers.

Comment regarding desire for another meeting similar to this provider forum before implementation. It is hard to have meaningful dialogue over a webinar and Internet access may not be available, depending on weather. Suggestion made to combine Anchorage and Mat-Su forums and come back to western Alaska one more time.