

Nome Provider Forum: Themes and Issues Raised December 16, 2015

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

Technology is a big issue but can be very expensive. As an example, Life Alert costs \$99 to set up and \$50/month, which is not feasible for most Medicaid beneficiaries. Need new options for technology.

Request made that 1915(k) benefit have the same financial eligibility criteria as apply to the ALI waiver (up to 300% of FPL). (x2)

Concern raised about the unique features of Alaska that make determining eligibility different than in many other states. For example, an individual may have the capacity to mop their floor (albeit slowly) but they don't have running water and they need wood for their wood stoves; they need assistance with hauling water and chopping wood.

Also pointed out that transportation is airplane travel in most rural and outlying communities.

Questions about how (i) and (k) would replace/impact (c) waivers.

Population with FASD raised for consideration with four key populations under 1915(i); there are children who don't qualify under the DD waiver but still have significant barriers to life activities. (x3)

Village-based counselors are a valuable resource in the rural communities; they came together and documented their concerns and ideas in a document, which was shared with SDS.

Complications arise in navigating reimbursement; some providers can bill Medicaid with a 100% federal match and others bill Medicaid for the 50/50 federal match. Idea would be to maximize the 100% federal match but how does this impact enrollment in (i) and (k)?

Question raised about whether an outside entity doing quality assurance and the complaint system would be paid directly from Medicaid.

Concerns raised about capacity for conducting assessments.

A request was made to continue to require face-to-face assessments in the home; assessments done in the clinic do not reveal need that becomes apparent when you see the home environment and the caregiver situation. (x2)