Anchorage Provider Forums: Themes and Issues Raised
October 29, 2015

1-Service Providers for Persons with Intellectual/Developmental Disabilities

Concern about the future of the 1915c waiver. (2x)

Need to clarify terms moving forward – care coordination, case management, care management since different disciplines use these differently though others may use interchangeably. (1x)

Incredibly important to have stakeholder involvement and input on the functional assessment tool. (1x)

Concern expressed about the "General Relief population" and the need for more services for this population (60-70% of that population has SMI.) (1x)

Concern about the lack of behavior supports, ABA support/therapies. (1x)

Expressed interest in including technology under the 1915 (k) option. (1x)

Transportation is a huge issue for individuals that don't meet waiver level of care; any addition of transportation services would be a great benefit. (1x)

Suggested a phased in migration of services to the State Plan option, similar to how the State migrated services from the DD grants to the 1915c waiver. (1x)

Need to get the word out about the options; concern about this effort falling solely on providers. (1x)

Individuals should be able to control an individualized budget and purchase services in line with their own goals. (1x)

2-Service Providers for Seniors

Interest in assuring use of a person-centered assessment tool that primarily serves to determine individual needs, not just right-size services. (2x) Suggestion on ways to make the responses less "black and white" to capture a better understanding of the individual. (1x)

Encouraged that 1915(i) might actually be able to serve some people that fall through the cracks right now who don't meet nursing facility level of care. (1x)

Adding more people because there are no caps; something will have to give. Concern about this unknown. (1x)

Need for services expressed for: the huge population of individuals with ADRD and dementia that don't meet nursing facility level of care, and seniors at API with behavioral issues that don't meet nursing facility level of care but can't go into senior homes because they aren't prepared to address the behavioral issues. (1x)

Interest in clarifying conflict-free case management and role of the case manager. (1x)

3-Service Providers for Individuals with Behavioral Health Diagnoses

Need to improve coordination and comprehensiveness of care for people who have a complexity of issues that don't fit one category, e.g., I/DD and mental health. (2x)

Need to focus on things that stabilize individuals: supported employment, supportive housing. (2x)

Person-centered assessment -- need to capture better understanding of the individual. For example, you may answer an assessment question "yes" one day, and "no" the next for people with behavioral health issues. (1x) The assessment tools are oftentimes only as good as the person administering the tool; need to be mindful of person-centered training of assessment staff. (1x)

Need to consider the offender population with mental health issues, TBI, etc. It is difficult to find housing, hard to get them in a stable place because of criminal records. (1x)

Provider put in plug for building more low-level supports (PCA-like) for individuals with SMI appropriate to their particular needs. (1x) Another provider concurred and indicated that even low-level supports can prevent emergency department visits. (1x)

Provider encouraged the use of medical escort (and a clarification of the definition) to ensure people get to their medical/behavioral health appointments and have an advocate there with them; this will also prevent emergency department visits and hospitalizations. (1x)

There is enormous energy and capacity in the existing provider network if silos are pulled down and regulatory restrictions changed; we can innovate. (1x)

Need to streamline provider certifications related to I/DD and behavioral health; there's a lot of duplication. (1x)

Provider/family member of person with SMI; put in plug recovery model, specifically coverage of CBD family education. (1x)

4-Service Providers for Individuals with Traumatic Brain Injury

Concerns about workforce – limited workforce for TBI, particularly limited Medicaid provider network. (2x) Need more neuropsychologists for verification of diagnosis. (1x) Need certified brain injury specialists; maybe have our own program, do standardized screening to reduce mis-diagnosis. (1x) Best to keep people in state in familiar surroundings. (1x)

Need support to get individuals out of Assisted Living Home – need deposit, rent, etc. Feels like it's a trap for people to be in ALH; don't have financial means to leave and get housing. (2x)

Pay family members as caregivers for TBI because by and large they are who are taking care of these individuals. (2x)

Concern about the future of PCA services in the context of the options; concern about individuals not getting service if they don't fall into particular diagnostic categories. (1x)

Advocated for TBI service needs -- provider education on TBI, case management particular to brain injury because people with TBI have some unique needs. They need cognitive rehab, PT, OT, vision therapy, speech and language, desensitization reprocessing technique to help with anxiety, supplements. (1x)

Promoted concept of "transitional living specialist" – working well in Kansas. Individuals who have recovered from brain injury to assist others with TBI; the model focuses on helping individuals with TBI become more independent not dependent on a PCA. (1x)

Need for transportation; existing transportation service not working well. This is "absolutely vital." Can a PCA or transitional living specialist be able to drive a person with TBI to a medical appointment? (1x)

Expressed interest in having controls so we don't eat up all the cost benefits of the service migration to Medicaid. (1x)

Expressed need for continued dialogue and concern about whether monthly Council meetings will be sufficient to get the input needed to design the system. (1x)