

## Fairbanks Provider Forums: Themes and Issues Raised

**November 10-11, 2015**

### 1- Various Types of HCBS Service Providers

Concern about certification requirements that may be different for each waiver and state plan option. (2x)

Expressed concerns about the number of regulations from different entities that need to be followed for group homes, assisted living homes. Duplication in on-site reviews for licensing. State people do not talk to one another re: audits. Provider commented about the “significant” amount of time and money spent preparing for audits. (1x)

Need to streamline processes for environmental modifications. Provider talked about “outrageous process” to build a wheelchair ramp for a home: “two-year wait, \$5000, need to get bids, etc. People in villages can’t wait; they just beg, borrow and steal to get what they need themselves.” (2x)

Optimism expressed that we’ll be able to serve more people potentially, people who we know are falling through the cracks like persons with Alzheimer’s, mental illness. (2x)

Streamline annual re-assessments for people who have lifelong disabilities that don’t improve. (2x)

Need to make sure care coordinators are in place before moving people to 1915i and k. Need to clarify care coordinator’s roles, and whether care coordinators need to be certified for the waiver and the state plan options separately. Advocated for certification of care coordinators across programs. (1x and concurrence.)

Concern about controlling costs when eligibility is open. (1x)

Interest in understanding the future of the 1915c waivers. (1x)

Suggestion to interface systems to help ensure integrated care plans and across to them across agencies. (1x)

Suggestion to streamline with use of technology – care coordinators do both face-to-face visits and virtual visits (e.g., Skype, FaceTime) which would allow them to carry a bigger caseload. (1x) Need to reduce paper and manual work; everything that can be done electronically should be considered. (1x) Provider recently moved to AK from Washington; “amazed at the lack of technology use in AK.” (1x)

Provider suggested having one plan of care that care coordinators develop across the 1915c, I, and k. (1x)

Very basic life alert system is offered in AK; need access to auto fall detection which would prevent hospitalizations. (1x)

Concern about young people going from school straight into day habilitation instead of working so they don’t lose their SSI benefits, and then need to at some point re-apply which is onerous. (1x)

Provider expressed need for training dollars for Direct Service Providers to support skill-building in clients as opposed to it being a “babysitting service.” (1x)

Provider expressed concern about having lost interpreter referral line last year. (1x)

## **2-Service Providers for Individuals with Behavioral Health Diagnoses**

Provider concern about some individuals (who regularly fire workers) firing their care coordinators. There needs to be some way to stabilize that; cap on number of times you can fire per time period. (1x)

Concern about requirements for Assisted Living Home, particularly for persons with Serious Mental Illness (SMI), e.g., ability to lock one’s door. (1x)

Concern about persons with SMI with co-occurring substance use disorder, and need for clarification about whether SMI needs to be primary diagnosis for eligibility. (1x)

In relation to the Development and Implementation Council, one provider suggested a “super executive committee of members of the four target groups” with a quarterly teleconference to discuss target-group specific issues. (1x)

Fix Medicaid billing system [Enterprise] is “dysfunctional,” reduce volume of documentation required, reduce complexity of audits and paperwork. The paperwork is “just out of control.”

Concern about budget neutrality: “Is it more people and fewer services?” (1x)

Workforce issues – building health academy in Anchorage and a registered apprenticeship training cooperative. (1x)