
Alaska HCBS - 1915(i)& (k) Implementation Update

Inclusive Community Choices Council

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Implementation Plan Purpose

- The purpose of the Implementation Plan Deliverable is to synthesize the various project tasks and to help the Department of Health and Social Services (DHSS) and Senior and Disabilities Services (SDS) Division leadership
 - Identify major implementation requirements such as project governance, oversight and infrastructure
 - Understand the key milestones they must meet and when they must meet them to successfully transition clients into the new programs without the least interruption possible to their supports and services
 - Determine core resources needed to support the Implementation Plan – from within DHSS, among other key stakeholders, from contractors or vendors
 - Recognize potential risks and create mitigation strategies
 - Establish plans for how it will work with stakeholders to support a successful implementation over the next several years

Implementation Plan Deliverable

- The Implementation Plan Deliverable has several required components, besides the Table of Contents and Executive Summary
 - A description of the planning efforts, including
 - Creating policies, procedures and tool development
 - Community outreach
 - Recommendations of rate setting
 - Approvals and rules – a review of federal 1915 (i) & (k) requirements and where Alaska will need to make statutory or rules changes to meet those requirements
 - Operations infrastructure – recommended changes to support new programs
 - Plan and timeline for communications to participants and providers
 - Plan and timeline for transitioning waiver and PCA services to the HCBS and CFC programs
 - Plan and timeline for transitioning grant program services to the HCBS program

Implementation Plan Deliverable, cont.

- Cost impact analysis based on the target populations and services SDS chooses
- Recommended information systems and technology systems changes
- A training plan for internal staff (provider training is addressed above)
- Lessons learned in other states – how they implemented 1915(i) & (k)
- Best practices in other states – what worked best and can be replicated by Alaska
- Questions posed to CMS and their responses
- A summary of input from focus groups and community forums conducted over the past summer and fall
- A preliminary version of the Intake Protocol – a high-level recommendation for adjusting the intake process to better support the new programs

Implementation Plan Status

- Some of the sections of the Implementation Plan document are essentially complete, such as those related to research or work completed as part of other project task deliverables (summaries of other states' experiences, community forum recaps, regulatory reviews, etc.)
- The Cost Impact Analysis is the most critical component, as it must reflect the Department's decisions about target populations, services and other important program design factors
 - HMA is working closely with SDS to finalize the cost impact analysis based on these factors
- Sections that are more explicitly related to operational changes and implementation planning need to reflect the program design factors SDS chooses, so are not as fully developed yet
 - As SDS and HMA finalize on program design elements, review the fiscal impacts and overall operational impacts, these sections can be further refined to reflect the key milestones and critical path to implementation

Implementation Plan Next Steps

- HMA will continue to work closely with SDS to finalize program design elements and to further build out the key milestones and core tasks that must be accomplished to implement both the 1915 (i) and (k) options
- This will include estimated timelines that are based on as realistic as possible expectations for all the critical pieces to come together across multiple parties that play important roles in making the work happen

Building an Implementation Timeline

- Legislative mandates that must be met:
 - Converting PCA/CDPCA to 1915(k) by July 2017
 - Converting grant funds to Medicaid and realizing savings to State in 2018
- Major implementation challenges to meeting timeframes:
 - Finalizing design
 - Making necessary changes to operations
 - Approvals:
 - State regulations
 - CMS approval of new options
 - Preparing participants, providers, care coordinators and others for the changes

Major Components of the Draft Plan

- First priority is to meet legislative mandates and address fiscal crisis
- Immediate effort to obtain more 90/10 match for building infrastructure
- Longer term effort to build infrastructure that will allow SDS, participants, and providers to do more with less:
 - Streamlining access processes
 - More comprehensive reforms to services that allow them to be more cost-effective
 - Draw down more federal dollars

Changes to Access Processes

- Access processes vs. single tool:
 - Reexamine all processes from initial contact to service connection
- Major goals:
 - Incorporate valid and reliable items
 - Support major objectives, such as making system more person-centered
 - Comply with CMS HCBS rules requirements
 - Support data driven policies and quality management
 - Efficient division of labor between ADRCs, SDS staff, Care Coordinators, and providers
- Participants as drivers in the process rather than passengers