

Proposed Structure of Community First Choice (CFC) in Alaska

Presented to the Inclusive Community Choices– Other Stakeholders (ICC-OS)
April 7, 2017



AGENDA

1. Introductions and overview of meeting
2. Discussion about the new ICC structure
3. Proposed CFC structure
4. Changes to care coordination
5. Approach for certifying providers
6. Input, recommendations and feedback
7. Next Steps



Senior and Disabilities Services' Website

Visit: <http://dhss.alaska.gov/dsds/Pages/default.aspx>

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Welcome to Senior and Disabilities Services

Our mission is to promote health, well being and safety for individuals with disabilities, seniors and vulnerable adults by facilitating access to quality services and supports that foster independence, personal choice and dignity.

We're expanding Medicaid to cover more Alaskans.

Click here to learn if you are eligible

By federal requirement, an act of Congress provides guidance to the state and public entities regarding the use of 1915(k) Community First Choice and 1915(i) Community-Based Services (HCBS). Find out more:

Medicaid Reform in Alaska Inclusive Community Choices

1915(i) and 1915(k)

Click here for more information about the reform initiative

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- Adult Protective Services (APS)
- CAT Review Unit
- Early Intervention/Infant Learning Program
- Services
- Assessment Unit
- Developmental (DD) Waiver
- Training, Education & Hearings
- Program Development
- Provider Certification & Compliance
- Quality Assurance (QA)
- Research & Analysis

Programs and Offices

- Aging and Disability Resource Centers



Duane Mayes
Director



Deb Etheridge
Deputy Director

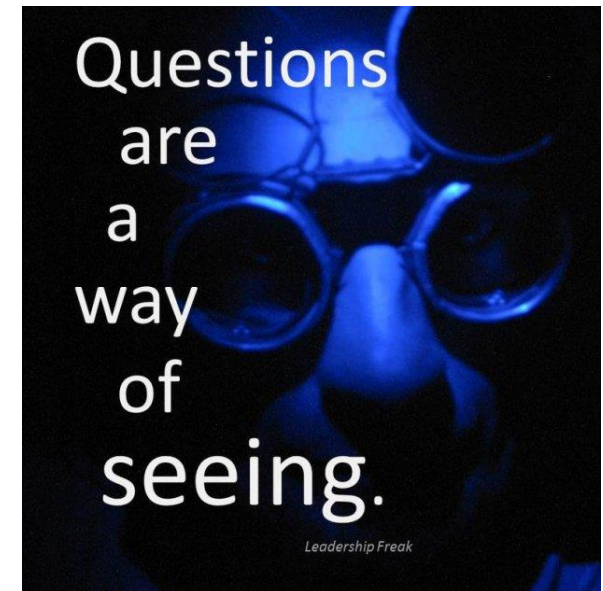
Newsletter - July 2015
Spotlight - Recognitions



Click here for more information about this effort

Discussion of New ICC Structure

- ICC-Participants: For participants and their advocates
- ICC-Other stakeholders: For providers and others
- Separating groups will allow more in-depth discussion of:
 - How changes will impact participants (ICC-P)
 - How to minimize the burden of these changes on providers (ICC-OS)



Obtaining Guidance for Coordinating the ICC-OS with Provider Associations

- Goals:
 - Make sure everyone affected by the changes has adequate information to provide input and prepare
 - Obtain guidance that will allow SDS to minimize burden on providers
 - Minimize need for SDS staff to repeat same information to multiple audiences
- SDS has proposed that each association will have 1-2 representatives that will be responsible for sharing information back to association
- Comments, questions, and other suggestions?



Proposed CFC Building Blocks

Eligibility
criteria

Services

Supporting skills
maintenance &
acquisition

Voluntary
training for
participants

Changes to how
people access
HCBS



Reminder

- Alaska's primary goal in adopting CFC is to minimize effect of the budget crisis by obtaining more federal dollars
 - Changes that increase costs are problematic
 - Longer term vision is to use the flexibility CFC offers once we build the systems for better controlling budgets



Proposed CFC eligibility - Participants Will Need to Meet Both:

1. Financial:

- Enrolled in Medicaid, unlike a 1915(c) waiver, CFC cannot be used to establish eligibility
- Have income that is less than or equal to 150% of the federal poverty level (FPL) unless they are enrolled in a waiver
 - In these cases, the income and asset limits for the waiver apply

2. Functional: Meet Alaska's level of care (LOC) criteria for any of the following:

- Nursing facility
- Intermediate Care Facility for Individual with Intellectual Disabilities
- Institution providing psychiatric services for individuals under age 21
- Institution for mental diseases (IMD) for individuals age 65 and over
 - Defined as danger to self or others & serious and persistent mental health issue
 - Qualis, a Medicaid contractor, may be used to help make these determinations



Proposed CFC Services

- PCA similar to the current program
 - Participants may also receive service hours if they only require supervision and cueing for ADLs/IADLs
 - 2-3 ADLs/IADLs- 3 hours
 - 4+ ADLs/IADLs- 6 hours
- Current waiver services:
 - Chore
 - Respite
 - Emergency Response System





Proposed CFC Plan for Supporting Skills Maintenance & Acquisition

- Federal mandate under CFC to support the acquisition, maintenance, and enhancement of skills that allow more independence in completing ADLs, IADLs, and health related tasks.
- Proposed plans for meeting requirement:
 - **Supplement to the participant's Plan of Care will identify ADL/IADL/Health related skills the participant would like to address and the plan for:**
 - Only completed if chosen as a person-centered goal
 - **Training for PCA workers about how to foster independence:**
 - Training will evolve over time
 - Initially, YouTube/Vimeo instructional videos
 - After CFC implementation, SDS will work with the Alaska Training Cooperative (AKTC) to maintain and expand training
 - More time to develop the partnership with AKTC
 - Integrate skills training with other training they are currently developing for direct care staff
 - **An increase in the number of hours provided for PCA for up to 3 months to allow these workers to spend more time fostering independence:**
 - One time 3% service hour increase up to 30 hours over 3 months



Proposed CFC Plan for Voluntary Training for Participants

- Federal requirement for CFC
- Participants can choose to receive training on how to select, manage, and dismiss attendants
- Propose similar approach to training for PCA workers:
 - Start with instructional videos developed by SDS training staff
 - Involve the AKTC after implementation



INNOVATION TRAINING

Proposed CFC Changes to How People Access HCBS

- CFC will be added to an array of HCBS options
 - Includes the existing waivers and PCA
- SDS' vision is to integrate access for CFC, PCA, and the waivers
- Require changes to the following:
 - Intake and triage to help people choose the best option
 - Transforming the Plan of Care into the Person-centered Support Plan



Draft Access Process for ALI, APDD & CFC

Integrated Intake

Application

Assessment

Plan of Care

ADRC conducts Person-centered Intake (restructured version of pre-screen)

Potentially Meet NF-LOC?

Potentially Eligible for PCA?

Yes, even if only want CFC

Yes

Care Coordinator Submits Application

Select agency from list of PCA Agencies

PCA Agency Submits Application

CAT by SDSS Staff

Meet NF LOC

Danger to self or others & 65+ or <21?

Referred to Qualis for IMD LOC

Meet IMD LOC

Meet PCA criteria & want PCA?

Want only Waiver

Want Waiver and CFC

Want only CFC

Want Both

SDS Review to identify any duplication between PCA and waiver Plan

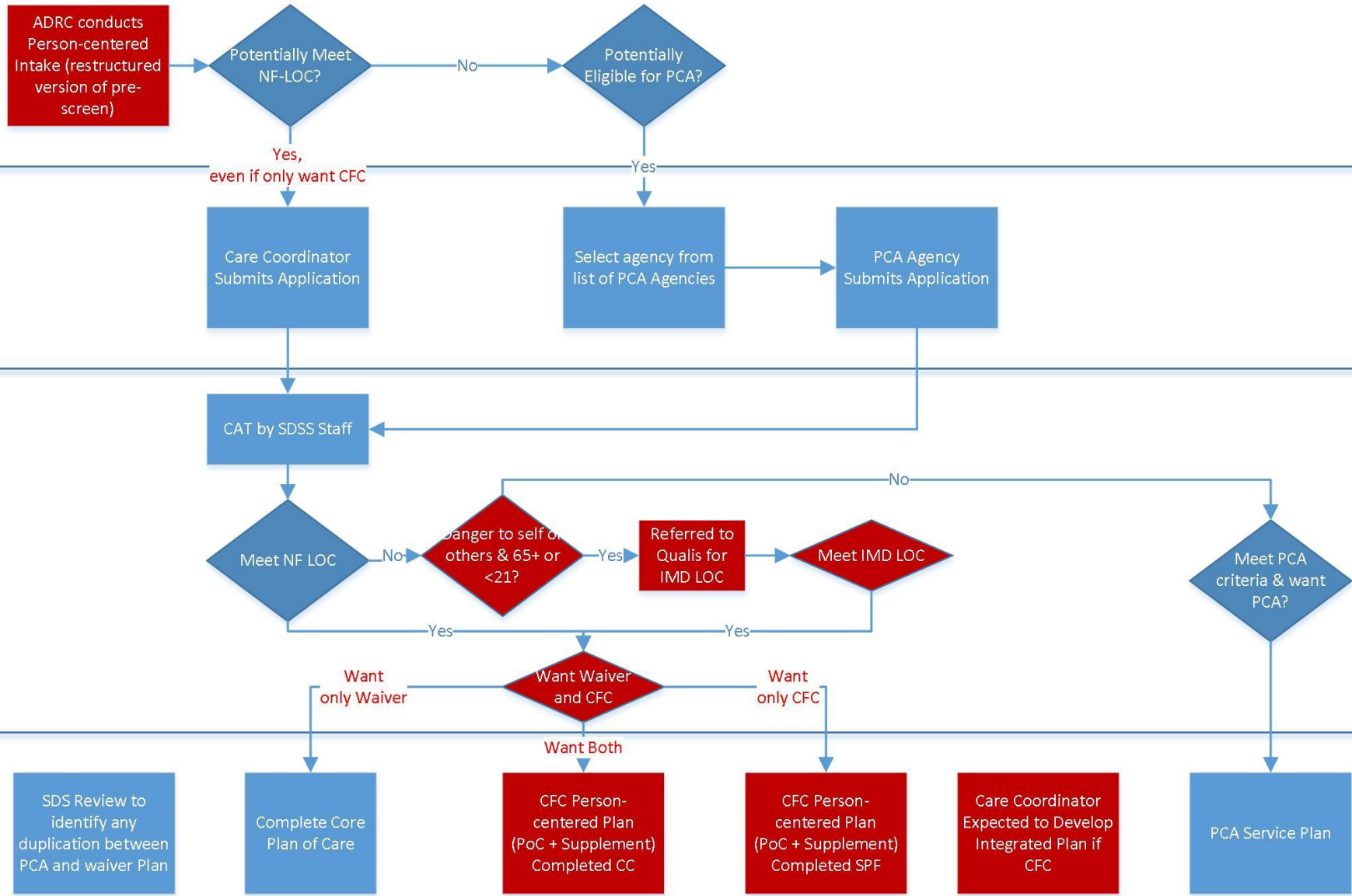
Complete Core Plan of Care

CFC Person-centered Plan (PoC + Supplement) Completed CC

CFC Person-centered Plan (PoC + Supplement) Completed SPF

Care Coordinator Expected to Develop Integrated Plan if CFC

PCA Service Plan



Proposed Changes to Intake and Triage to Help People Choose the Best Option

- The first step is to determine which programs the individual should apply for
- SDS has been altering intake process by implementing the Pre-Screen
 - Pre-Screen helps individuals seeking Nursing Facility Level of Care HCBS waivers identify whether they should apply for a waiver and/or PCA
- To address CFC, a decision tree will be incorporated into an updated version of the Pre-Screen, which will be renamed the **Person-centered Intake (PCI)**, is being developed.
- The PCI will help individuals make the following decisions:
 - Should the individual pursue any of the available Medicaid options that pay for HCBS?
 - Is the individual likely to meet an institutional LOC?
 - Should the individual apply for both CFC and a waiver?
 - If the individual is applying for a waiver, which is the most appropriate waiver?
 - Options counseling to include community and natural supports
- The following will impact the answers to these questions:
 - The types of supports the individual desires
 - Whether the individual wants ongoing case management support
 - The individual's income and assets
 - The individual's conditions and diagnoses, such as whether he or she has an intellectual disability



Transforming the Plan of Care into the Person-centered Support Plan

- Implementing CFC requires that the Plan of Care evolves into Person-centered Support Plan
 - This evolution is also occurring for SDS' current waivers
- This transformation will make the following changes to support planning:
 - A supplement to the current Plan of Care that includes the following:
 - Preferences for skills training
 - Preferences for training the participant and/or representative on how to select, manage and dismiss attendants
 - Plan for back-up services
 - Identification of potential risks and plans for managing them
 - Questions about the participant's experience with CFC



Changes to Care Coordination



- Participants enrolled in CFC who choose not to also enroll in a waiver must receive Support Plan Facilitation (SPF):
 - SPF is a new service that will be provided by Waiver Care Coordinators
 - SPF includes assistance with developing the initial and annual Person-centered Support Plan and updating the plan
 - SPF will be funded as a Medicaid Targeted Case Management (TCM) service
- Waiver Care Coordinators will develop a single Plan that integrates CFC services with waiver services



Approach for Certifying Providers

- Providers will need to be certified to participate in CFC
- Planning on using same requirements as for existing services (PCA and waiver services)
- If currently certified, no need to submit paperwork again
 - Hoping to simple form that builds off existing certification



Feedback/Discussion

