



Medicaid Home and Community  
Based Services (HCBS) Reform  
HCBS Steering Committee Update



# Agenda

1. Overview of SDS' overall plan
2. Updates on components of plan, notably CFC & ISW



# Progress Made on HCBS Reform

- SB 74 passed in 2016
  - Requires SDS to make significant changes to HCBS system
  - Sets budget cuts SDS must meet
- Developed a detailed plan for HCBS reform
  - Contracts with HMA and HCBS Strategies
  - Moved Behavioral Health into separate initiative
  - Completed plan that details all of the tasks necessary to implement the changes in February 2017
- Have followed plan with only minor changes
  - CFC & ISW ready for implementation in March 2018



# Components of the Plan



a.1. Governance and stakeholder input



a.2. Obtaining enhanced federal funding for development



a.3. Converting PCA/CDPCA to Community First Choice



a.4. Creating the Individualized Supports IDD waiver



a.5. Enhancing Medicaid funding options for ADRD and TBI



a.6. Reforming how people access LTSS



a.7. Changing how budgets are assigned



a.8. Expanding the types of services offered



# Shorter-Term Goals of the Plan

## Governance:

Improve SDS' Ability to  
Manage Change

### Internal:

- -Detailed Implementation Plan
- -Enhanced Project Management (coordinating calls, web-based project management tool)

### External:

- ICC
- Community Forums
- Enhanced Training
- Letters/emails, etc.

Draw Down More Federal  
Dollars

IAPD for More Administrative  
Dollars

PCA to CFC

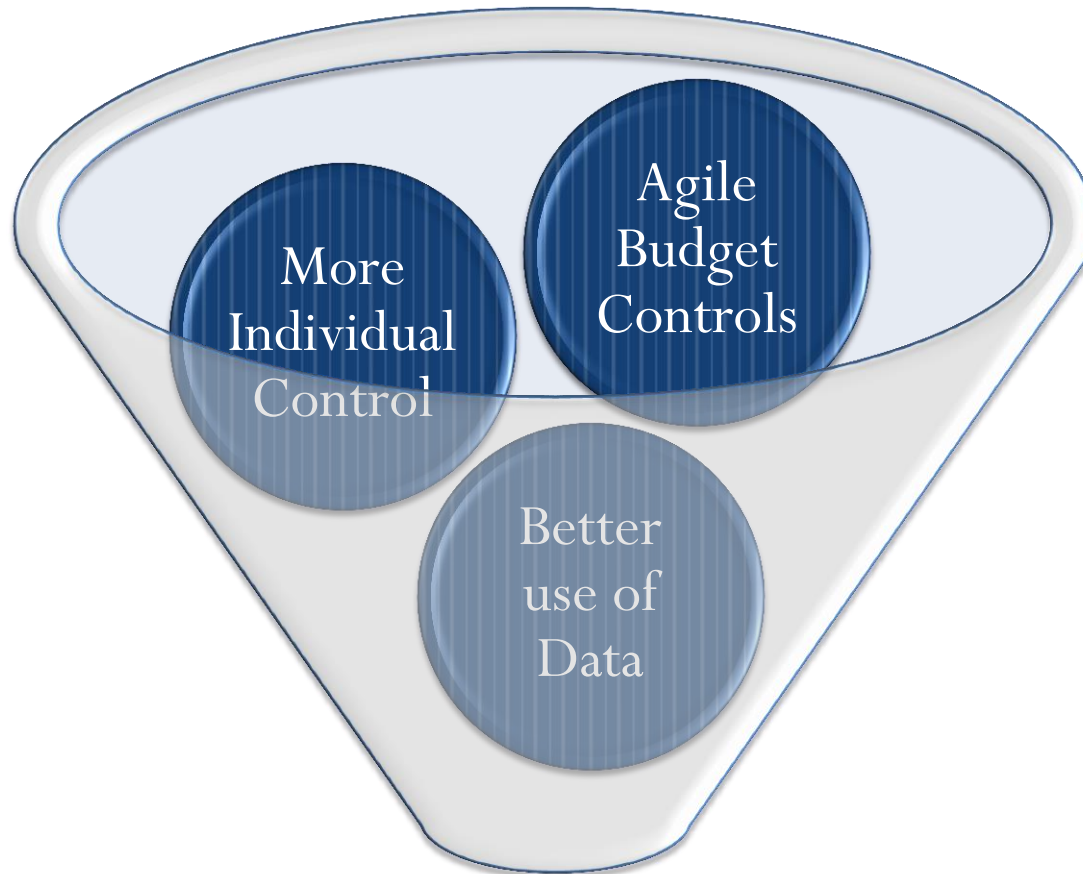
State Grants to ISW

# Inclusive Community Choices (ICC) Council

- Role: Advise on systems change efforts
- Two Groups:
  - Participants and their representatives
    - Parents, seniors, recipients of Waiver services, advisory board, alcoholism/drug abuse, SMI, TBI, elders
  - Other stakeholders:
    - PCA Providers Association, AADD, AK Behavioral Health Association, AGENET, ASHNHA, ANTHC, ALH Association, Care Coordinator Network, Community Care Coalition



# Longer-Term Goals of the Plan



More Efficient Use of Limited Dollars



# Goal 1: Agile Budget Controls

- Alaska's budget woes are likely to be long-lasting
- Currently SDS has two bad choices:
  - Blunt measures, including across the board rates and hours cuts
  - SDS staff adjusting individual plans
    - Takes too long and SDS doesn't have the staff
- The State needs levers to adjust budgets that:
  - Minimize harm to individuals
  - Can be implemented quickly





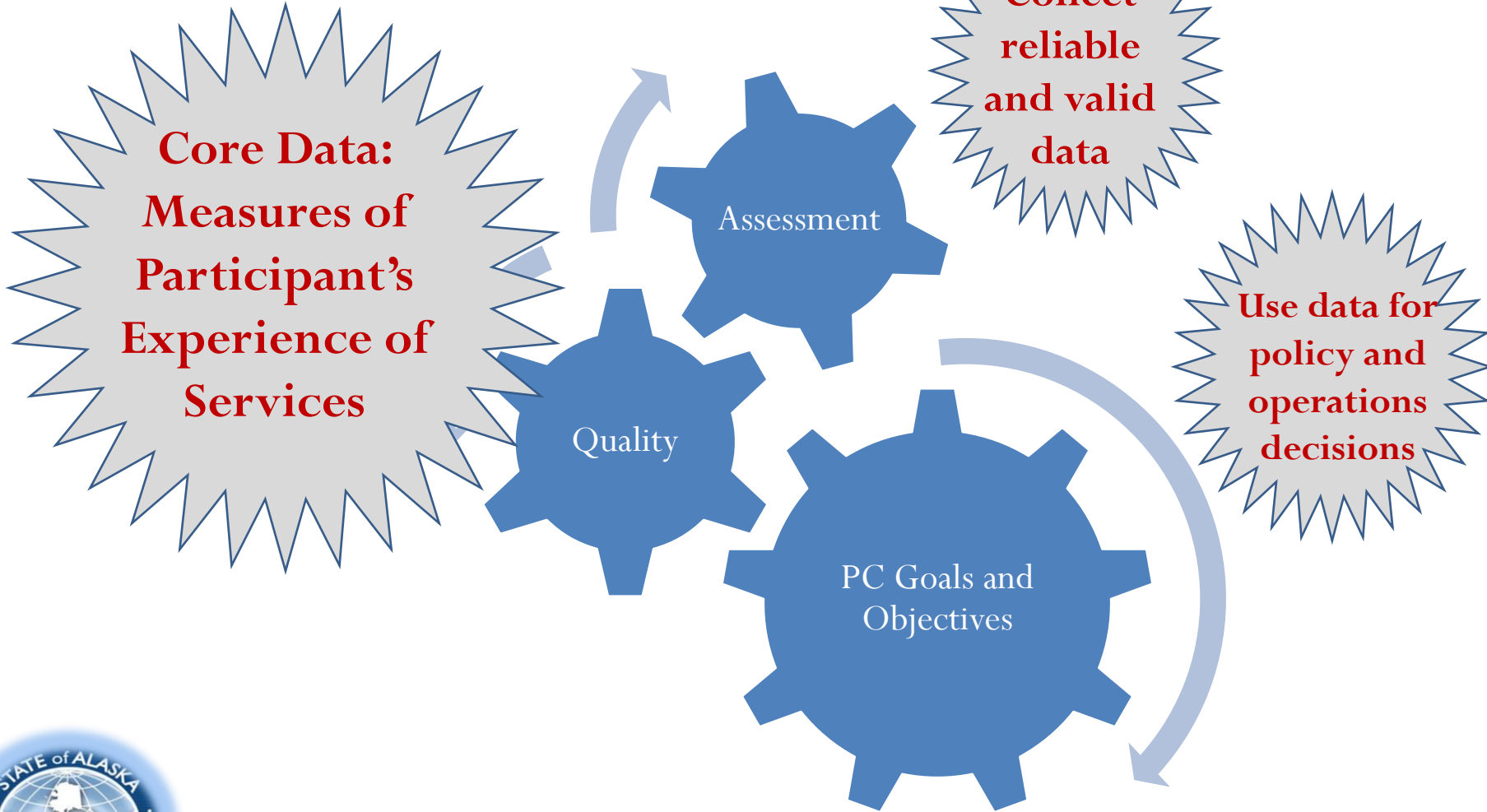
# Goal 2:

## Allow Individuals to Stretch Dollars

- Belief that individual will make the wisest choices about how to spend limited dollars
- Give people more control of services:
  - Expand the type of services
  - Increased flexibility
  - Customizing supports to individual preferences



# Goal 3: Use Data to Make the System Stronger



# Progress Made on Implementing the Plan

# Obtaining Enhanced Federal Funding for Development and Implementation

- CMS provides 90/10 match for developing operations if tied to the Medicaid Management Information System (MMIS)
- CMS approved Implementation Advanced Planning Document (IAPD)
- Prevents SDS from losing additional staff and funds contractual and other support for fulfilling the rest of the plan



# Converting PCA/CDPCA to Community First Choice (CFC)

- Allows SDS to obtain 6% enhanced match (56/44 vs. 50/50)
- Only applies for people who are waiver eligible (meet an institutional Level of Care (LOC))
- Status:
  - Draft State Plan Amendment reviewed by CMS
  - Regulations out for public comment
  - Target implementation by March 2018



# 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 (NFLOC)
- Intermediate Care Facility for individuals with intellectual disabilities (ICF-IID-LOC)
- 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



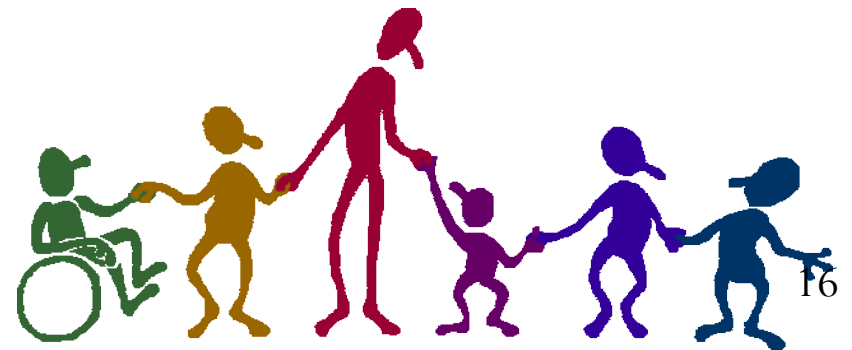
# CFC Services

- CFC-PCS - Uses same calculation of hours as PCS, except:
  - Additional service hours if participant only requires supervision and cueing for ADLs/IADLs
    - 2-3 ADLs/IADLs- 3 hours
    - 4+ ADLs/IADLs- 6 hours
  - Additional hours for skills-building
- Emergency Response System



# 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
  - Person-Centered Intake (PCI): New protocol used by ADRCs and STARs to help people choose the best option
  - Transforming the Plan of Care into the Person-centered Support Plan





# Person-Centered Intake (PCI)

- The PCI helps 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
- Status
  - Tool developed and piloted
  - Incorporating into automation used by ADRCs



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

- Enhancements
  - 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
- Status Being incorporated into Harmony rollout scheduled for January 2018



# CFC Changes to Care Coordination



- Participants enrolled in CFC who choose not to also enroll in a waiver must receive assistance in developing a Support Plan
  - Will be provided by Waiver Care Coordinators
  - Includes assistance with developing the initial and annual Person-centered Support Plan and updating the plan
  - 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 Enrolling CFC Participants

- Offer to new individuals at program start
- Auto-enroll current Waiver participants who receive PCS
  - Can request update of plan if want to receive additional hours
- Phase in enrollment of other PCS participants who meet LOC at last assessment depending on SDS' capacity
  - Will need new assessment, connection to Care Coordinator, and completion of a Person-Centered Support Plan



# Approach for Certifying Providers

- Providers will need to be certified to participate in CFC
- Using same requirements as for existing PCA and waiver services
- If currently certified, no need to submit paperwork again
  - Will automatically certify these providers



# Individualized Supports Waiver (ISW) for People on IDD Registry

- New 1915(c) waiver that will provide a capped service package to people on the Registry
- Status:
  - Draft Waiver structure reviewed by CMS
  - Regulations out for public comment
  - Target implementation by March 2018



# ISW Overview

- Designed to replace services received by participants on State-funded grants AND open supports to DD eligible people that had no supports
- 1915(c) Medicaid HCBS Waiver
- Target individuals with IDD with less intensive needs
- Provide a range of services up to an individual cost limit

# How the Registry, the Two Waivers, and CFC Will Work Together

CFC

- Will be an option for participants on either the IDD Waiver or ISW
- May require reductions in waiver services if CFC is chosen

ISW

- Program for people with IDD when pulled off the Registry
- Smaller menu of services up to an individual cost limit

IDD Waiver

- Current participants will not be affected
- Targets participants who cannot be served safely under the ISW



# ISW Eligibility Criteria

- Active Developmental Disability Determination (DDD) by the State and be on the Developmental Disabilities Registration and Review (DDRR or “Registry”)
- Meet Alaska’s level of care (LOC) criteria for Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID LOC)
- Be enrolled in Medicaid
- Short Term Assistance and Referral (STAR) program staff will continue to assist with DDD and DDRR submissions



# ISW Services

Respite

In-Home Supports  
for ages < 18

Supported Living for  
ages > 18

Day Habilitation

Supported  
Employment  
(including pre-  
employment tasks)

Time-limited  
Therapy Services  
(Intensive Active  
Treatment)

Transportation

Chore



# ISW Care Coordination

- Lower rates for Care Coordination to allow more funds for services
- Lower number for required contacts

# ISW Services Will Have to Meet HCBS Settings Requirements

- Because ISW is a new Waiver, all services will need to meet HCBS Settings requirements included in CMS rule
  - Cannot wait until end of transition period allowed for existing waivers
- Settings rule applies to: Supported Living, Day Habilitation, & Supported Employment
  - Accelerating certification process so that all of these providers will be compliant before ISW start

# ISW Individual Cost Limits

- Care Coordinators will first develop a plan that:
  - Reflects participant's needs, goals, and preferences
  - Uses supports from unpaid sources and other funding source before Medicaid
- Service amount capped at \$17,500 per year
  - Amount is adjusted to reflect regional adjustments in rates
- Can also receive additional \$5,000 in services once every 3 years
  - Must be to address temporary emergency needs

# ISW Enrollment

- Phasing in enrollment to minimize demands on SDS staff (assessments) and (Care Coordinators – application and Support Plan)
- Drawing 100 people off DDDR per month
  - Began in September
  - Will last until Waiver includes 600 people
  - Starting with people with greatest needs
- Collaborating with STARs and Care Coordinators to make sure people have support in completing process



# Enhancing Medicaid Funding Options for People with ADRD and TBI

- HMA recommended not moving forward because of budget concerns
  - SDS and the ICC were not satisfied with that answer
- Went back to drawing board and are considering
  - A Medicaid state plan benefit (1915(i)) targeted to people with ADRD and behavior issues that require interventions
    - A limited package of benefits for people with ADRD
    - Cover more people in Pioneer Home
  - A case management option targeted at people with TBI
- Working to establish design and cost estimates to determine what is feasible
- Will develop plan in 2018 after CFC & ISW are implemented



# Reforming how People Access LTSS

Changing Alaska's LTSS Access Processes





# Goals for Reforming Access

More Person-centered

Comply with CMS HCBS rules

Reliable and valid items

Minimize the need to retell story

Take advantage of automation

Support individualized budgets

Encourage employment and self-direction



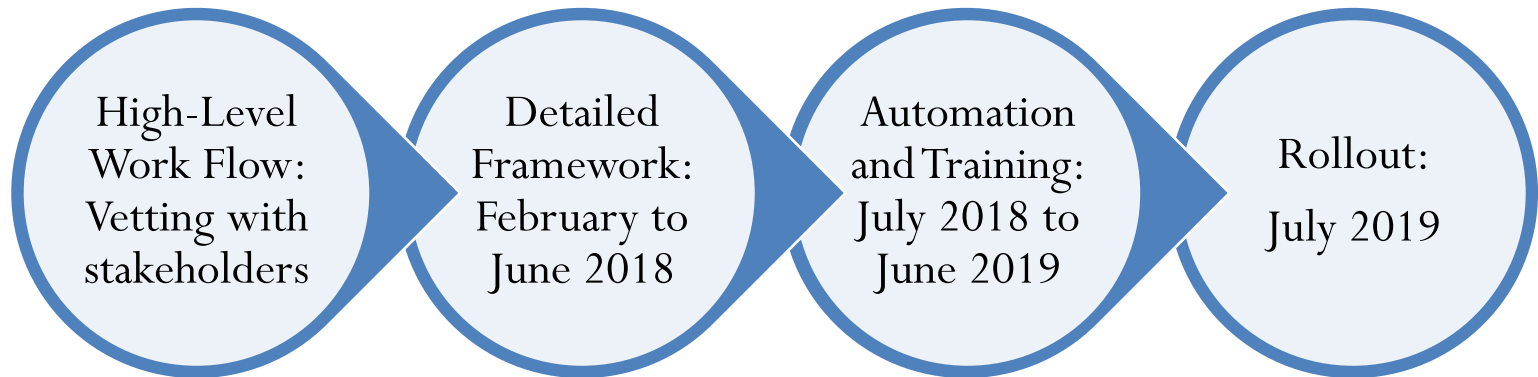
# New Processes Will Incorporate interRAI Tools

- interRAI consists of a suite of validated tools for assessing people with LTSS needs
  - Home Care – older adults, physical disabilities
  - IDD
  - MH
  - Pediatric
  - Assisted Living
  - Others at [www.interRAI.org](http://www.interRAI.org)
- Used in over 20 states and internationally
- Tool and manuals copyrighted and users must pay a nominal licensing fee
- Collects a minimum data set to which adopters can add domains/items to fit their needs
- Used in conjunction with other decision support tools such as clinical assessment protocols (CAPS), screening systems for outreach and care pathways, quality monitoring and case-mix system (RUGS III)

# Progress Made on Changing Access Processes

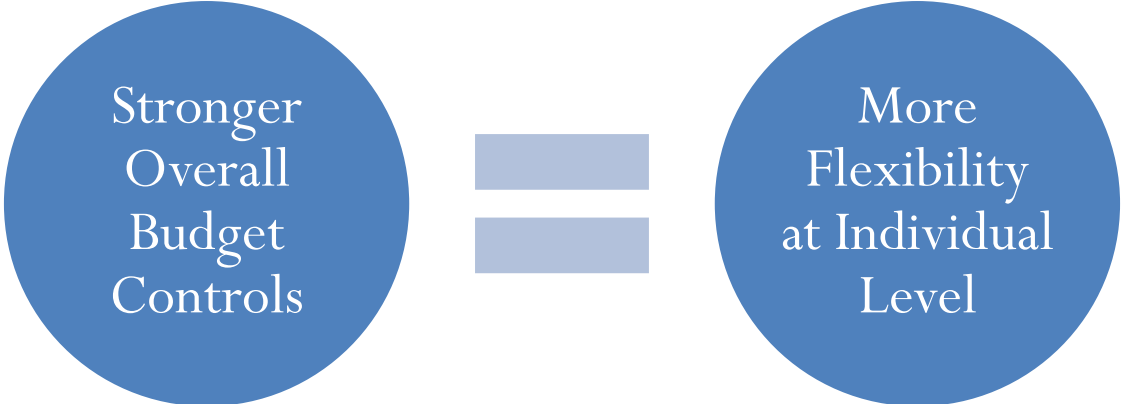
- Made changes necessary to implement CFC & ISW
- Developed detailed plan for longer range changes
- Replicating current NFLOC and PCA Hours assignment using interRAI items
  - Collected data for interRAI and current tool (CAT) on 400 participants
  - University of Michigan will present proposed new criteria in March 2018
- Developed overall Workflow
  - Presenting to stakeholders on February 1, 2018

# Work Plan and Timeline for the new Access Processes



# Individualized Budgets

- Goal: Strengthen how State sets individualized budgets to give participants more flexibility
  - Cannot add more services and flexibility without these tools because of budget environment
  - When implemented, should minimize disruptions caused by budget changes
- Stakeholders will be involved in the development of this effort – no decisions have been made yet



Stronger  
Overall  
Budget  
Controls

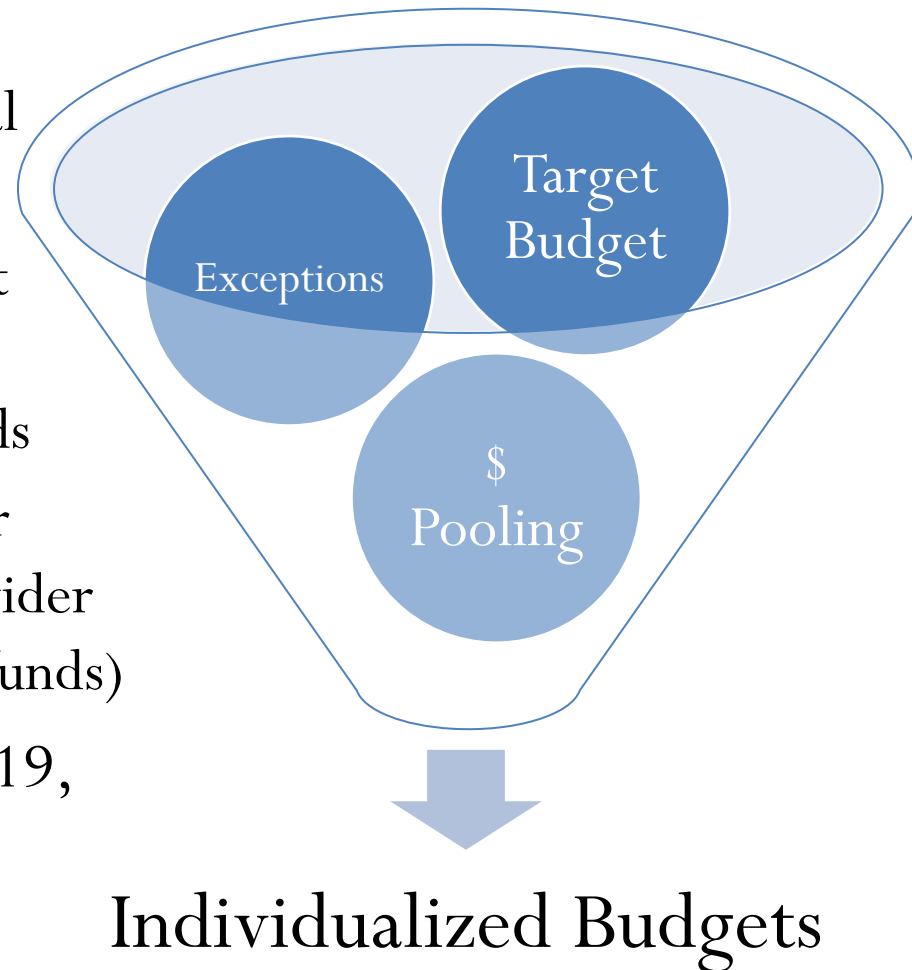
The diagram consists of two blue circles connected by an equals sign. The left circle contains the text 'Stronger Overall Budget Controls' and the right circle contains 'More Flexibility at Individual Level'. The equals sign is represented by two horizontal bars.

More  
Flexibility  
at Individual  
Level



# Individualized Budgets

- Preliminary framework:
  - Establish formula to set tier, benchmarks or caps for individual budgets using interRAI tools
  - Develop exception processes that allow SDS to adjust budgets for individuals with exceptional needs
  - Develop mechanisms to allow for some pooling of funds (e.g., provider or family cooperative, rainy day funds)
- Target implementation is late 2019, early 2020



# Expand Service Types and Flexibility

- Expand CFC to include more existing services
  - Include most Waiver and some State Plan services
  - Purpose is to draw down more federal dollars
  - Will increase money available to pay for HCBS by 13.4%
- Build off stakeholder input to identify additional services, such as
  - Supportive housing
  - More employment supports
  - More transportation
  - Technology to help people live at home safely
- Hope to implement at the same time as (or shortly after) the individualized budgets



# Feedback/Discussion

