Report to Senate Health and Social Services Committee

November 3, 2009

Mission: *Promote the independence of Alaskan seniors and persons with physical and developmental disabilities.*

Core Services: *Institutional and community based services for older Alaskans and persons with disabilities; protection of vulnerable adults.*

Medicaid Services

- Home and Community Based Waiver Medicaid Services Programs
- Care Coordination
- Personal Care Assistance
- Nursing Home Authorization
- Quality Assurance

Non-Medicaid Service

- Adult Protective Services (APS) / General Relief
- State Health Insurance Assistance Program (SHIP)
- Senior Medicare Error Patrol (SMP)
- Real Choice Systems Change Grant – Person-Centered Planning
- Nutrition, Transportation, and Support Services Grants for Seniors
- Home and Community Based Care Grants for Seniors
- Senior Residential Services
- Community Development Disabilities Grants (CDDG)

Other Grants

- Core Service
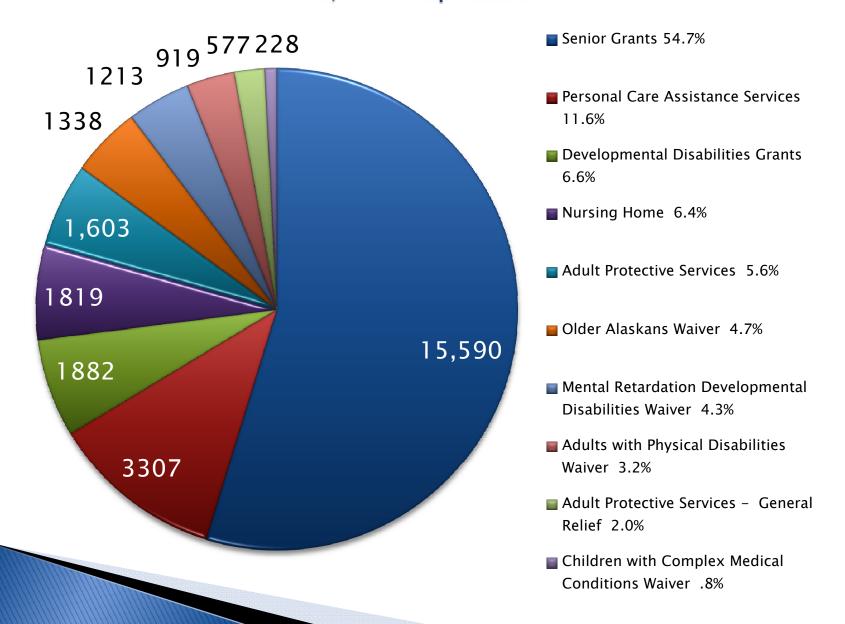- Short Term Assistance and Referral Program (STAR)
- Mini-grants for beneficiaries with developmental disabilities
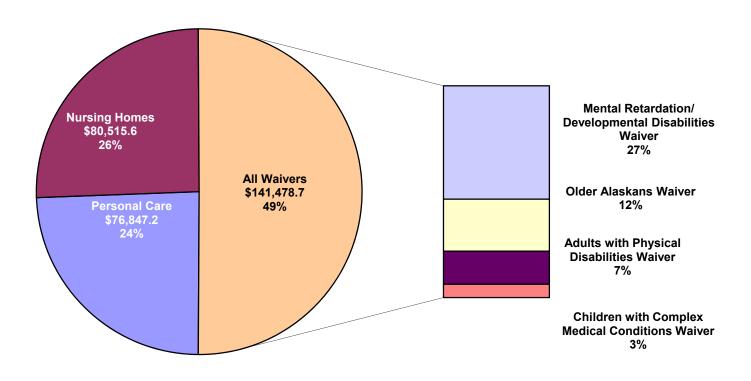- Behavioral Risk Management Services
- The ARC of Anchorage Student Living Center for the Deaf
- Miscellaneous Grants

SDS FY09 Clients by Service Category
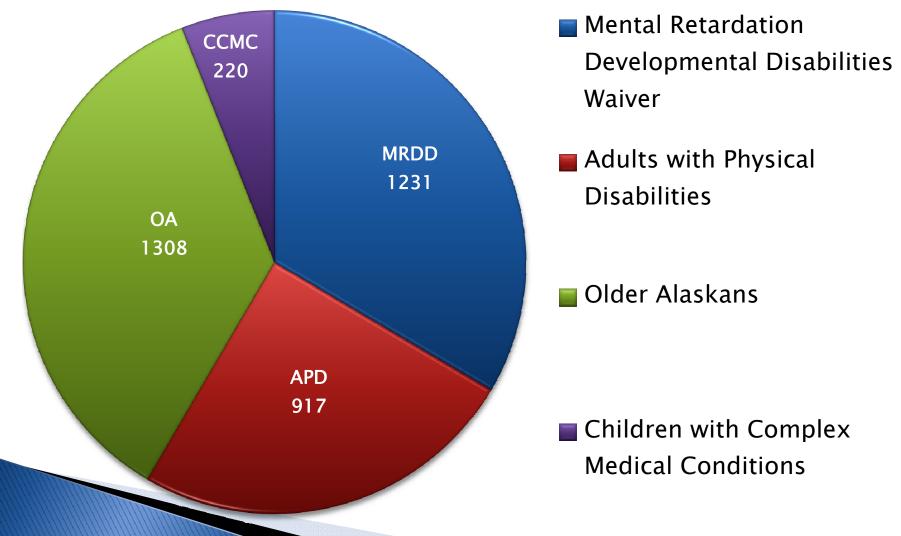## 28,476- Duplicated

919 577 228
1213
1338
1,603
1819
1882
3307
15,590

- Senior Grants 54.7%
- Personal Care Assistance Services 11.6%
- Developmental Disabilities Grants 6.6%
- Nursing Home 6.4%
- Adult Protective Services 5.6%
- Older Alaskans Waiver 4.7%
- Mental Retardation Developmental Disabilities Waiver 4.3%
- Adults with Physical Disabilities Waiver 3.2%
- Adult Protective Services – General Relief 2.0%
- Children with Complex Medical Conditions Waiver .8%

Senior and Disabilities Medicaid Services
FY 2009 Expenditures by Service Category
Total Expenditure = $298,841,000

Nursing Homes
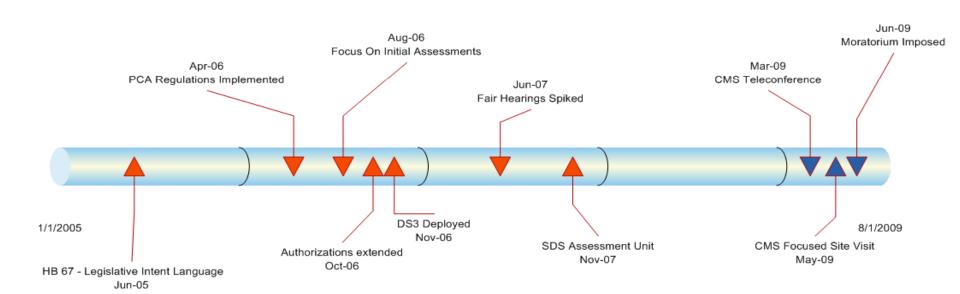$80,515.6
26%

Personal Care
$76,847.2
24%

All Waivers
$141,478.7
49%

Mental Retardation/
Developmental Disabilities
Waiver
27%

Older Alaskans Waiver
12%

Adults with Physical
Disabilities Waiver
7%

Children with Complex
Medical Conditions Waiver
3%

Source: AKSAS data.
Excludes waiver determinations.

Waiver Recipients September 2009
3,676 – Unduplicated

Pie chart:
- MRDD 1231
- APD 917
- OA 1308
- CCMC 220

Legend:
- Mental Retardation Developmental Disabilities Waiver
- Adults with Physical Disabilities
- Older Alaskans
- Children with Complex Medical Conditions

Timeline of Events

Personal Care Assistance
Expenditures and Number of Recipients

	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
Expenditures	$7,644,571	$8,300,667	$13,664,74	$38,917,14	$64,400,28	$79,185,39	$83,253,62	$77,419,16	$72,113,88
Unduplicated Recipients	1448	1545	1945	2732	3540	3775	3982	3691	3459

Legislative Intent Language

1. Clearly defining recipient eligibility in the "purpose and scope" section where, absent PCA assistance, an individual would require hospitalization or nursing home care;

2. Clearly defining recipient eligibility in the "purpose and scope" section where, absence of PCA assistance would result in the individual's loss of employment;

3. Deleting "stand-by" assistance as an allowable PCA task;

4. Clearly stating that Instrumental Activities of Daily Living (IADLs) are not allowable unless specifically related to an approved task for an Activities of Daily Living (ADL) need;

5. Adopting an objective client assessment tool that results in a reliable and consistent care plan to be used by PCA providers, PCA agencies and the department;

6. Requiring physical certification of an individual's condition as stated in the PCA assessment to confirm need for services;

7. Requiring that if more than one PCA recipient resides in the same home, only one PCA provider is allowed for both recipients;

8. Tightening enrollment criteria for all providers to require specific training and experience;

9. Requiring Medicaid certification for PCA provider agencies;

10. Requiring that the owner/manager of PCA agency meet specified minimum level of education and administrative or business experience in a related field:

11. Clearly stating that an individual's assessment function will be conducted by department staff or the department's designee;

12. Requiring prior authorization by department staff or the department's designee for all PCA services;

13. Including a new regulation that prevents the individual solicitation of clients by PCA agencies and provides consequences for such actions; and

14. Review consumer directed services to determine processes or procedures to improve program effectiveness.

Response to the Legislative Intent Language

Client assessments and plan of care

- Personal Care Assessment Tool (PCAT) adopted
- Medical Certification required
- SDS started conducting assessments
- PCA plans coordinated with waiver plans
- Stand-by assistance further defined
- All PCA services required prior authorization.

Client eligibility

- Eligibility requires substantial assistance with two "activities of daily living,"
- Defined client eligibility
- Established availability of formal or informal resources

PCA provider requirements, responsibilities

- Defined and required PCA provider training, education , experience, Medicaid certification
- Defined shared living rules
- Clarified responsibilities of the consumer-directed personal care agencies
- Prohibited direct solicitation of clients from other PCA agencies

Department response to the legislative intent

- Wording of the "purpose and scope" of the PCA Program was clarified
- Standby assistance was more narrowly defined
- Instrumental Activities of Daily Living (IADL) were limited
- DHSS piloted, modified and adopted the PCAT
- The regulations provide for physicians certification of medical conditions
- Only one PCA can be paid for shared services with more than one recipient in the home
- A certification application packet and process were established
- Requirements for PCA providers
- Assessments completed by a state designated assessor
- PCA services providers are expressly prohibited from soliciting clients

Primary Data Systems

1. System Name	1. Users	1. Div Owner	1. Type
1. MMIS (Medicaid Management Information System)	1. All SDS	1. HCS	1. Mainframe
2. EIS (Eligibility Information System)	1. All SDS	1. DPA	1. Mainframe
3. COSI (Cost Sheet Interface)	1. OA/APD Waivers	1. SDS	1. Access 97
4. COSI 2 (Cost Sheet Interface)	1. CCMC/MRDD Waivers	1. SDS	1. Access 97
5. DS 3	1. All SDS	1. SDS	1. Web-based
6. *Provider Database (currently in test for DS3)*			
7. SAMS (Social Tracking Analysis Reporting System)	1. HCS	1. HCS	
8. STARS (Service Tracking Analysis Reporting System)	1. HCS	1. HCS	
9. OmbudsManager		1. SDS	1. Access 97
10. HSS Track	1. Multi-Division	1. DHSS	1. PHPMySQL
11. eGrants		1. GC	1. SQL

Secondary Data Systems

System Name	Users	Type
1. DD Census Spreadsheets	MRDD will be DS3 by Jan. 2008	Access 97
2. DD Grants Spreadsheet	MRDD will be in DS3 by Jan. 2008	Access 97
3. Star Grants Spreadsheet	Will be in DS3 by Jan. 2008	Access 97
4. Fair Hearing Database		
5. CCMC GPS	MRDD/CCM	Excel
6. Folks Client Database	MRDD/CCMC	Access 97
7. Long Term Care Utility (Copy of COSI)	Nursing Home Auth	Access 97
8. Quality Assurance Database	Quality Assurance	Access 97
9. Cost Based Rates Spreadsheet	Cost Based Rates	Access 97
10. Hospital Based Rounds Log	CCMC	Excel

DS3
(Division of Senior and Disabilities Services Data System)

- April 2006 – 21 databases, down from over 40

- The development of DS3 started in July 2006
  - Significant problems with Older Alaskans (OA) waiver, Adults with Physical Disabilities (APD) waiver, and Personal Care Assistance (PCA) assessment data
  - SDS Hired Research Analyst III to develop DS3
  - Basic framework built

- August 2006
  - Centralizing data on to a single server

- September 2006
  - Existing databases for OA/APD waiver and PCA integrated into centralized database to identify assessment overlap.

- October 2006
  - DS3 deployed

- July 2007 through July 2009
  - Professional programming services contract began
  - Focus on delivering new products vs. rewriting code
  - Concentration on:
    - Converting data
    - Creating a system to manage provider entities
    - Building a system to manage PCA, Waivers, and Adult Protective Services–General Relief
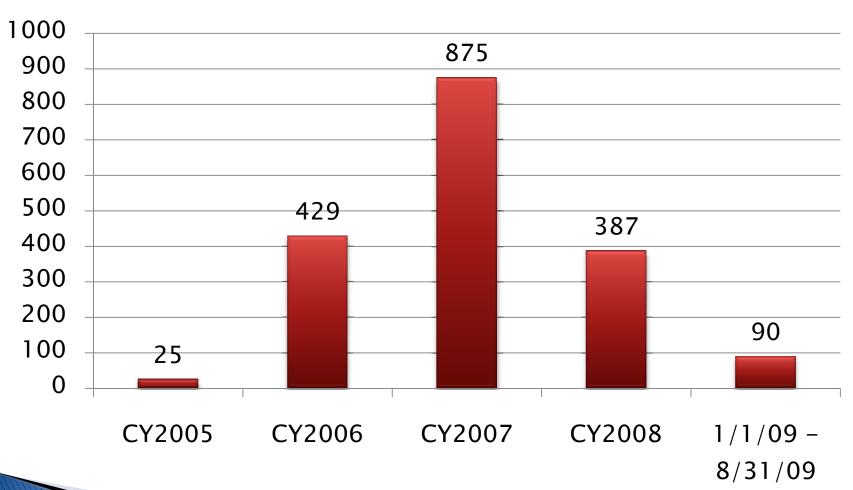   - Building a system to manage assessment process and related activities

Assessment Backlog
2006

- April 2006 – new PCA regulations in effect
- June 2006 – contractor failing to keep up
- Aug. 2006 – backlog growing
  - 200 waiver assessments behind
  - 700 PCA assessments behind
- SDS draft proposal to phase out the contract and perform assessments in-house
- Sept. 2006 – Grant Procurement Authorization developed to help with 800 backlogged assessments (PCA and waiver)
  - State nurse reclassification except for SDS RNs
- October – Authorizations for PCA and Waiver extended
- SDS estimated that assessments would be caught up by June 2007

Personal Care Assistance Fair Hearings

Assessment Backlog 2007

- May 2007 – Suspension of provider assessments due to adjustment in contractor's workforce

- October – Contingency assessment proposal

- November – SDS Assessment Unit formed with the expectation to "be on target and on time by January 2008"

Summary of Contributing Factors

1) No well developed plan or documented processes to manage Personal Care Assistance (PCA) regulation changes in 2006
2) Change in PCA assessment tool and PCA eligibility criteria
3) Change in assessment administration
4) Prior authorization of all PCA services
5) No database
6) Ongoing difficulty recruiting/retaining RNs with vacancy rate of 37.9%
7) Fair Hearing demands
8) Duplication of effort (e.g. two assessments and two service plans)
9) Crisis response (e.g. Mary Conrad Center)
10) Hiring freeze

Current Situation

- Senior and Disabilities Services and Centers for Medicare and Medicaid Services meet weekly to review the program status
- Aug. 7, 2009 – PCA moratorium lifted
- Aug. 28, 2009 – Waiver moratorium lifted
- Sept. 3, 2009 – Corrective Action Plan (CAP)submitted
  - Mortality review submitted
  - Fair Hearing analysis submitted
- Oct. 15, 2009 – completion of waiver reassessment backlog
- PCA backlog status – 463 remaining as of 10/14/09 (down from 700 on 8/26/09)
- Nov. 20, 2009 – target date for finalizing the CAP
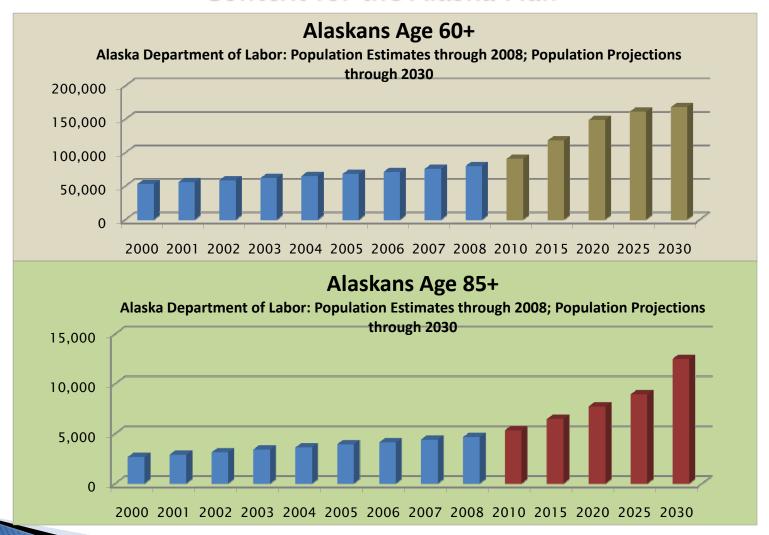
Corrective Action Plan Implementation

➢ Quality assurance measures

➢ Provider input and education

➢ Business model strategy decisions

➢ Waiver plan amendment

➢ Rate setting methodologies

➢ Regulation changes

Short Term Strategies

- Staffing
- Streamlined processes
  - E-CAT (Electronic Consumer Assessment Tool)
  - Streamlined P-CAT (Personal Care Assessment Tool)
  - Automated scheduling
  - Refined mortality review process
  - Personal Care Assessment eligibility criteria changed

Moving Forward --
Context for the Alaska Plan

Alaskans Age 60+
Alaska Department of Labor: Population Estimates through 2008; Population Projections through 2030

Alaskans Age 85+
Alaska Department of Labor: Population Estimates through 2008; Population Projections through 2030

Improving Quality Management

- Building a Management System that is consistent with Centers for Medicare and Medicaid Services Framework
  - Select performance indicators (PIs)
  - Collect data on PIs
  - Create Management Reports
  - Disseminate information to individuals who can influence quality
  - Develop systemic processes for using this information

Other Initiatives:

1) Update provider manuals
2) Make online training available
3) Establish greater infrastructure to verify services are actually provided as prescribed
4) Establish and implement processes for evaluating access to and quality of services
5) Utilize alternative approaches to verify the background of direct care staff
6) Revise Licensing and Certification Processes for Assisted Living Homes
7) Expand information technology – building off DS3
8) Expand Aging and Disabilities Resource Centers
9) Utilize Stakeholder Advisory Committee

Senior & Disabilities Services

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Senior and Disabilities Services web site:
http://hss.state.ak.us/dsds/