

Increase Efficiencies and Protect Home and Community Based Services

Home and Community Based Services (HCBS) are the most cost-efficient way to deliver critically required services to Alaskans with Intellectual and Developmental Disabilities (I/DD). Without them, persons with disabilities end up in hospitals, nursing homes, and outside institutions at a far greater expense to the state.



In addition, the 32nd Alaska Legislature directed the Department of Health (DOH) to develop a plan to eradicate the “waitlist” for IDD HCBS services, and DOH developed a comprehensive plan the Council supports. However, without the right resources and tools to address issues in the short-term, long-term goals like Eliminating the Waitlist, cannot be realized. *Therefore, the Council offers the following recommendations to enhance the I/DD service system.*

1. Increase savings and self-determination by offering an option for some people with I/DD to direct their own services in a more independent and flexible way:

- Currently, people receiving Medicaid waiver services have a plan of care (POC) that describes goals and areas of support for needs defined by standardized assessments. The POC describes services to meet the need, such as day habilitation, respite, supported living, supported employment services, etc. and these separate buckets of service have their own rates and rules that apply to each service. Now, because of a severe workforce shortage, it is often difficult to find workers to provide the services, which can endanger the individual’s ability to live and thrive in the community of their choice. In fact, some individuals are forced to move to communities where the services might be available.
- Sometimes called “participant directed services”, “money follows the person”, or “budget authority”, other states have found they can calculate a budget amount for individual services that becomes the ceiling. Then, they allow the participant to develop their own plan with support from a financial advisor or fiscal agent to handle paperwork. They can hire, fire, and train their own staff, including family and friends or others, with or without a background check if they so choose. People could focus spending on supported employment or for volunteering in the community. Someone else may want increased

independence in a home of their own and so would invest in services for supported living, rather than more time in the community. Flexibility, self-determination, reduction of wasteful purchases, and increased community engagement are some of the reported benefits of “self-directed” services and reflect Alaskan values of using resources conservatively, where they will do the most good.



Current Process for HCBS:

Separate buckets of funding for each

vs.

New Option Idea:

The same funding allotted total through the current process, placed within one bucket directed by the individual receiving services with financial management support.

2. Better facilitate environmental modifications (EMods) such as smart home technology, physical accessibility, and remote monitoring to ensure greater independence for HCBS recipients:

- The Emod system under our Medicaid Waivers is not working the \$18,500 cap set by the DOH/SDS is too low. In most instances that wouldn't even get you a basic ramp, let alone bathroom modifications and other enabling technologies that allow persons with disabilities and seniors to remain in their own home. In addition, most building contractors have gotten out of the business because of the low reimbursement rates from the state and the amount of paperwork involved. Plus, most care coordinators are not up to date and trained on all the excellent smart home and remote monitoring technologies that exist today, some at very low costs.
- The number of Emods authorized by DOH/SDS has gone down significantly. Approximately 140 Emods were approved in 2015 and only 27 were approved in 2021. This demonstrates the need for a complete overhaul of the Emod system; not only considering Medicaid funding, but other capital funds for home accessibility under Department of Health, Alaska Housing Finance Corporation and Alaska Mental Health Trust Authority funds.
- To be successful, we must find ways to pay for a comprehensive review, or home assessment, by trained professionals in the community. Southeast Alaska Independent Living (SAIL) has developed such a system, called

HomeMAP™.

- A HomeMAP™ Assessment determines possible home modifications, assistive technology, and community resources in response to a person's specific circumstances. The assessment puts the consumer to prioritize and choose what types of solutions will work for them. After the assessment, the individual will get an individualized report including pictures of what the modifications would look like in their home and information on ADA standards.

3. Initiate Adult Companion Services:

- For many adults with disabilities, having meaningful lives requires nonmedical supervision and socialization that can be provided in any community setting to avoid isolation and regression.
- When day habilitation hours were capped by DHSS in 2018, stakeholders shared that many people lost service hours that they used for building skills in their community. The 30th legislature instructed DHSS to amend the State's 1915(c) Home and Community Based Waivers to include companion services.¹ DHSS submitted a plan to the Senate Finance Committee on January 31, 2019, for moving forward to provide those services, and a draft concept paper was developed with key stakeholders.
- To date, the Council is not aware of any new developments regarding the draft concept paper or other actions proposed under the plan to initiate companion services but continues to hear from stakeholders how vital and needed this service is for Alaskans with disabilities.
- Adult Companion Services facilitate independence, promote community inclusion, and prevent isolation. These services can also help someone maintain a habilitation goal contained in a support plan; perhaps avoiding the skill regression that can occur at home, and which can ultimately lead to higher service costs later.



4. Consider softening or removing other regulatory barriers to HCBS Services:

¹ "It is the intent of the legislature to the State of Alaska proceed expeditiously to establish companion services under Section 1915(c) of the Social Security Act to complement and support the services provided through the Medicare/Medicaid waiver programs. The Department of Health and Social Services shall submit a report to co-chairs of the finance Committee and the Legislative Finance Division on the status of the service no later than January 31, 2019."

- Routine, repeated evaluations for adults on a waiver whose experience with disability is stable, and who are well-connected to supporters and services, are redundant and unnecessary; costing state staff resources as well as adding to the burden felt by individuals with disabilities and families. Screening and check-ins, instead of annual and triennial evaluations and reporting would appear to be more cost-effective and still satisfy the state's obligation to oversee its resources and to protect vulnerable adults.
- If a waiver recipient, or potential waiver recipient, is in danger of losing their provider or family based living situation because the necessary HCBS services cannot be found or delivered for lack of workforce or any other barriers, SDS should have emergency powers and the internal flexibility to re-evaluate or completely re-do "Plans of Care" if the lack of services is likely to result in the individual being institutionalized, hospitalized or sent outside for services.
- Convert funding for medical supplies into a debit card. Buying medical supplies is cumbersome and wasteful. One size does not fit all, and the result is wasteful spending on supplies, even if the individual is already stocked up. By utilizing a debit card that can be repopulated once a month or as needed, individuals can take greater control of the supplies they need and potentially save the state money.
- The State's Background check unit (BCU) is underwater, and something needs to be done to speed up the process. Repeatedly providers are losing potential workers because the State's BCU cannot process background checks quickly enough. Whatever resources they need to catch up should be considered, including giving DOH emergency powers to waive a background check, if warranted, or allow for a hire while a background check is pending.
- The provision from the Covid-19 disaster declaration that allowed family members of Medicaid recipients to be paid to provide in-home services is set to expire within the next 6 months. This strategy offered relief to Alaskan's who receive services from an already depleted DSP workforce. Concerns have been raised that continuing this strategy increases the risk for fraud. While fraud is always a possibility in any caregiving circumstance, it is worth noting that Alaska has already been paying relatives to provide foster care for their family members for decades. This is permitted if the family member becomes a licensed foster parent. While the difference may be that Medicaid is the payment source, the Alaska Statute 47.05.310, which requires background

checks for all caregivers (as well as other service type providers) allows the department, under section (f), to grant an exception to these requirements under regulations adopted by the department.² With the current DSP workforce crisis, this strategy could continue to be utilized if the appropriate action is taken.

5. Our HCBS Medicaid rate structure is flawed, outdated, and needs an objective overhaul.

- Disability providers across the state are hurting from an outdated and flawed rate structure that does not cover the cost of doing business in some service categories. The result is the loss of providers, and/or providers choosing not to serve rural and remote areas, or hard to serve individuals, like those with behavioral challenges.

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Give the Department of Health the direction and tools necessary to address our DD system Crisis. If we wait any longer, the result will be more persons with I/DD being served in institution or institution like settings.

² <https://www.touchngo.com/lglcntr/akstats/Statutes/Title47/Chapter05/Section310.htm>