

**Senior & Disabilities Services
Pre-meeting Questions/Responses
September 5 and 6, 2013**

I. Issues about the burgeoning senior population growth.

The SDS budget narratives mentions several times that the US Census Bureau predicts that the senior population in Alaska will increase from 26,000 in 1993 to over 90,000 by the year 2015, an average annual increase of 11%.

1) Has this prediction been accurate?

Senior population growth has exceeded U.S. Census Bureau predictions.

2) How much has the senior population grown?

The senior population (those over 60 years of age) has increased by 85.1 % since 2000. Department of Labor 2013 estimate for Alaska senior population is 108,691.

3) What is the projected growth?

US Census Bureau estimates growth to continue through 2035 and is fully attributable to the large cohort of baby boomers. The population estimates for seniors are set to exceed 150,000 by 2035.

4) How is SDS preparing for the growth?

- Long term supports.
 - Home & Community Based Waivers.
 - Personal Care Assistance Program.
- Community grant supports.
 - Most cost effective support option.
 - Seniors who get support through a community program stay independent longer. (Aging Centers, 2013).
- Quality assurance.
 - Provider certification and training.
 - Program oversight.
 - Performance based accountability.

- Regulation updates.
 - PCA- 2012.
 - Waiver- 2013.
 - Fiscal responsibility measures.
- Streamlined access to information and assistance and conflict free options counseling and referrals.
 - Aging & Disability Resource Centers.

5) Long Term Care

- 1) Is there really only one home in Alaska that takes care of people with LTC insurance? Is it in Anchorage? If so, are there plans for more of these homes?

The current process is that when waiver recipients have long term care insurance, Medicaid pays the assisted living home and recovers covered expenses from the long term care insurance. For people who are not on Medicaid, they may be able to submit their claims directly to insurance for reimbursement even if the assisted living home does not directly bill insurance.

- 2) Is there a rating for assisted living homes?

Not at this time. The Department has been working on updating its assisted living home licensing regulations and may consider developing a rating system after the new regulations have been implemented.

6) Home & Community Based Waivers

I understand that a federal audit of the state's program directed the state to change the program and implement regulations. The regulations went into effect on 7/1/13.

- 1) What changes have recently occurred?

Changes:

- Conditions of Participation
 - The Conditions of Participation, adopted by reference, set standards for the delivery of services & the operation of agencies certified to provide waiver services.
- Quality, Health & Safety
 - 130.222-Recipient Safeguards

- Requires providers to protect the health, safety and welfare of recipients
 - Requires providers to train their employees in mandatory reporting requirements for abused &/or neglected children or vulnerable adults
- 130.224-Critical Incident Reporting
 - Defines a “critical incident” and sets out timelines for reporting them
 - Requires providers to develop a system for managing critical incidents including development of policy and procedures
- 130.227-Medication Administration
 - Sets out procedures for medication administration and monitoring for those providers who do not employ a nurse, or when a nurse, family member or other individual is not available to administer medication or assist the recipient with self-administration of medication
 - Complements regulations at 12 AAC 44.965(b)(1) “Delegation of the administration of medication” in which this specialized nursing task is delegated to a “home and community-based services provider”
- 130.229-Use of Restrictive Interventions
 - Identifies those situations in which a provider may use a restrictive intervention
 - Prohibits the use of seclusion and prone restraint
 - Requires the provider to document and track the use of restrictive intervention
- 130.231-Services During Temporary Absence
 - Defines a “temporary absence” and when the absence is justified
 - Identifies those services for which the state will pay during a recipient’s temporary absence and prohibits a change in the plan of care to accommodate the absence
 - Clarifies the responsibilities of the provider during temporary absence
- Home & Community-Based Waiver Services
 - 130.235-Nursing Oversight & Care Management
 - Adds this service, formerly known as “IAT Nursing,” to the Children with Complex Medical Conditions and Intellectual and Developmental Disabilities waiver service array

- 130.240-Care Coordination Services
 - Requires the care coordinator to disclose any close familial or business relationship with a home and community-based waiver services provider; this is meant to reduce the impact of the “conflict of interest” that occurs when an agency that provides care coordination services also provides other waiver services
 - Prohibits a care coordinator from providing any other home and community-based service while providing care coordination services
- 130.260-Day Habilitation
 - For recipients who reside in a group home, restricts day habilitation to a total of 15 hours per week. Besides being a stand-alone service, day habilitation is one element of the 24 hour group home service. This provision will end the practice of group home staff also billing for day habilitation which should be occurring under the group home provision they are already providing a recipient
 - Restricts day habilitation services to individuals age three and older
 - Provides a process to waive the requirement that day habilitation take place in a non-residential setting in rural areas that lack recreational opportunities
 - Created a “group rate” to reflect current provider practice and to better manage resources
- 130.270-Supported Employment
 - Adds a provision to allow for job preparation under supported employment
 - Adds a provision to allow for preparation for self-employment under supported employment
 - Created a “group rate” to reflect current provider practice and to better manage resources
- 130.300-Environmental Modification Services
 - Increases the maximum allowable payment for an Environmental Modification from \$10,000 to \$18,500 per three year period.
- Waiver Name Change
 - Mental Retardation/Developmental Disabilities Waiver to Intellectual & Developmental Disabilities Waiver

- Waiver Population Realignment

- Older Alaskans Waiver recipients Adults with Physical Disabilities Waiver recipients who did not have developmental disabilities were combined under Alaskans Living Independently Waiver; Adults with Physical Disabilities who had developmental disabilities were placed on the Adults with Physical and Developmental Disabilities Waiver

2) How will these changes impact the program?

Solidify and elevate that health, safety and concern for the recipients is paramount to SDS.

The waiver applications are submitted every five years. These applications can include changes that then must be reflected within Alaskan regulations. Our most recently approved application submitted to Centers for Medicare and Medicaid Services had several significant changes that needed to be reflected in regulations so that we would be in compliance.

3) How much does Alaska currently spend?

For programs overseen by Senior & Disabilities Services: \$508,352,700

4) What savings might be realized with the changes?

Such a prediction cannot be made at this time, as the changes went into effect on the first day of SFY 2014. However, the regulatory changes were made with the intent to constrain future growth rather than to reduce current expenditures.

a. Will any savings be reflected in the FY 2015 budget? If so, how much?

We expect that these regulations will moderate growth and expenditures. However, we do not predict a savings because the population of Alaska is growing and so is the number of recipients within the Home & Community Based Waiver programs.

b. I understand that one main change is the reduction of hours for reimbursement for day habilitation services. Is this a federal requirement?

No, the change was not a reflection of a new federal requirement; it was a clarification of Alaska's service expectations for group-homes. Before the new regulation, SDS was finding that group-home service providers were also billing for day habilitation service provision for their residents. This practice was out of line with service expectations as group-homes (7 AAC 130.265) should be providing day habilitation services as a part of their usual service provision without billing additional charges under 7 AAC 130.260 (day habilitation). Under the new

regulations, group-home residents can still be provided with additional day habilitation services at the rate of a maximum 15 hours per week.

One challenge is to assure the Centers for Medicare and Medicaid Services (CMS) that safeguards have been taken to protect the health and welfare of persons receiving services under the Home & Community Based waivers.

1) How is the state doing?

Very good. Senior & Disabilities Services had its federal review recently and the feedback SDS received was positive. Centers for Medicare & Medicaid Services was especially impressed with the quality assurance efforts undertaken within SDS.

2) Is the CMS satisfied?

Yes, when reviewed our most recent waiver application packet.

3) If not, what can the state do?

n/a

4) What are the ramifications of not complying with the state and federal regulations?

Regulation non-compliance opens us up to lawsuits.

Federal regulation non-compliance exposes SDS to possible deferral or disallowance of federal payments.

KEY CHALLENGES:

I. Implementation of the Alaska State Plan for Senior Services, FY 2012-FY 2015,

1) What is the Alaska State Plan for Senior Services, FY2012-FY2015?

The Alaska State Plan for Senior Services, FY2012-FY2015, is the planning document required under the Administration on Community Living, formerly the Administration on Aging, to develop a plan for senior services in accordance with the provisions of the Older American's Act and its amendments. The plan documents the needs of Older Alaskans and establishes direction for the coordination of state activities related to seniors including the development of a comprehensive plan for resource allocation and service delivery throughout the state.

Appendix B of the Alaska State Plan for Senior Services, FY2012-Fy2015, changes the following allocations used in the funding formula for the NTS (Nutrition, Transportation and Support Services) grants as follows:

- a) Frail Factor: from 12% to 16%
- b) Minority Factor: from 25% to 21%
- c) Poverty Factor: from 25% to 23%
- d) Total Senior Population Factor: 12.5% to 17%
- e) Rural Factor: 25% to 23% [In addition, the definition of rural changed. The biggest change is that a number of smaller communities considered urban in the previous plan (including Palmer, Wasilla, Valdez, Kenai, Seward, and Homer) are now considered rural.]

2) Why were the allocations changed?

When the Alaska State Plan for Senior Services, FY2012-FY2015 was created, the changing demographics within Alaska forced the updating of the funding formulas to the above allocations. Weighting factors were adjusted to maintain services offered to vulnerable populations.

3) Who determines the allocations?

Alaska Commission on Aging.

4) Is the funding for these grants in the Senior Community Based Grants allocation?

Yes.

II. SDS has a lack efficient data system to facilitate timely and more accurate decisions based on accurate patient records, medications and treatment.

1) What is being done to address this?

SDS is unsure of which element of our data systems you are referring to. However, current efforts are being undertaken to create and adapt an Automated Service Plan which will allow for more expeditious processing and decision making while improving communication between providers and SDS.

2) Has this improved?

It is in the process of being improved.

3) Are there capital projects underway that will address these issues? If so, which ones?

Yes, Automated Service Plan.

SIGNIFICANT CHANGES TO BE DELIVERED IN FY14:

I. Automated Service Plan

- 1) What is the capital project that started this?

The Automated Service Plan project was initiated through the Health Information Technology for Economic & Clinical Health Act and the Medicaid Management Systems update starting in FY 2013.

- 2) Funding?

Health Information Technology for Economic and Clinical Health Act

\$9,144,244 federal/ \$1,016,027 state

Medicaid Management Systems

\$2,983,400 federal/\$331,489 state

- 3) Completion date?

Conservative estimate, spring 2015.

- 4) What will this do for SDS?

The Automated Service Plan will allow for more expeditious processing and decision making while improving communication between providers and SDS.

II. Elder Services Case Management

SDS was awarded \$1 million to fund Elder Services Case Management services over the next three years. The division will use these funds and draw on its existing research and practices to pilot and test preventive interventions for the prevention of elder abuse, neglect, or exploitation of vulnerable adults.

- 1) Impact?

Reduce recidivism within the Adult Protect Services program.

- 2) Is this the total amount of the grant?

\$1,004,605

- 3) Is this \$1 million to be spread among 3 fiscal years?

Yes.

- 4) My notes from the session presentation indicated that there was \$2.6 million of total funding. Is this federal? GF?

The Elder Services Case Management program is federally funded. We could not find the presentation which says \$2.6 million within our records.

CAPITAL PROJECTS:

I'm finding it difficult to determine which capital projects impact which division.

- 1) Can you give me a list of the SDS capital projects?

FY 2012-Automated Service Plan

FY 2013-Aging & Disability Resource Centers Intake/Screening

- 2) Governor requested these in FY 14 but they weren't funded by the legislature. What impact will this have on the SDS Programs?

- a. PCA Pilot Project: \$936 FF & \$104 GF/Match

SDS efforts to better facilitate service provision while being fiscally responsible will continue through other means.

- b. Transition of Care Pilot Project: \$936.00 FF & \$104 GF/Match

SDS efforts to better facilitate service provision while being fiscally responsible will continue through other means. For care transition, the need to inform future caregivers of the recipients is being highlighted within SDS provider trainings.

GOVERNOR'S BUDGET BOOK DATA:

I. Additional Information

- 1) Page 1528. Why is \$125.8 budgeted for sex offender treatment? Who is being treated?

\$150.0 is budgeted for FY 2014 to treat individuals who have a developmental disability and are at a high risk for inappropriate sexual behavior. This is a program funded in tandem with Department of Corrections which offers treatment to both men and women who are at risk of offending and/or are at the risk of being a victim due to their developmental disability. The grantee is the Center for Psychosocial Development within the Center for Human Development.

This program is the only one of its kind in the state to provide comprehensive services to this population. 88 individuals were served in FY2013.

- 2) How accurate is the revenue data throughout the allocations? It appears that numbers are simply plugged in.

The numbers are accurate. Any discrepancies are due to excess federal authority which is later restricted once within the fiscal year.

II. Pages 1554-1555. Governor's Council on Disabilities & Special Education

- a. Can you tell me about the grant to increase the employment rate of Alaskans with disabilities that ended on 12/31/12 and the one that began in October?
- b. How much was/is the funding for each of the grants?

12/31/12-was the Medicaid Infrastructure Grant which the Governor's Council on Disabilities & Special Education had been receiving for the last 11 years.

October 2013, the new grant is a Project for National Significance Grant awarded by the Administration on Intellectual and Developmental Disabilities with the specific goal to increase the employment rate for individuals with intellectual and developmental disabilities. This grant is spread across 5 years. For FY 2014 the Governor's Council will receive \$362.9.

- c. How will the change impact the program?

The purpose of the 5-year initiative is to increase the number of youth and young adults with I/DD who are employed and self-employed in integrated settings. Specific impact indicators are to:

- 1) increase the percent of youth and young adults served by DVR from 20% to 25%;
- 2) increase hours worked by DVR participants with I/DD from 13 to 20 hours per week (comparable to other youth with disabilities); and
- 3) double the number of youth and young adults with I/DD served by SDS who are employed or self-employed from 139 to 278.