



# STATE OF ALASKA DEPARTMENT OF HEALTH

## *SB 241: Medical Assistance Demonstration Projects*

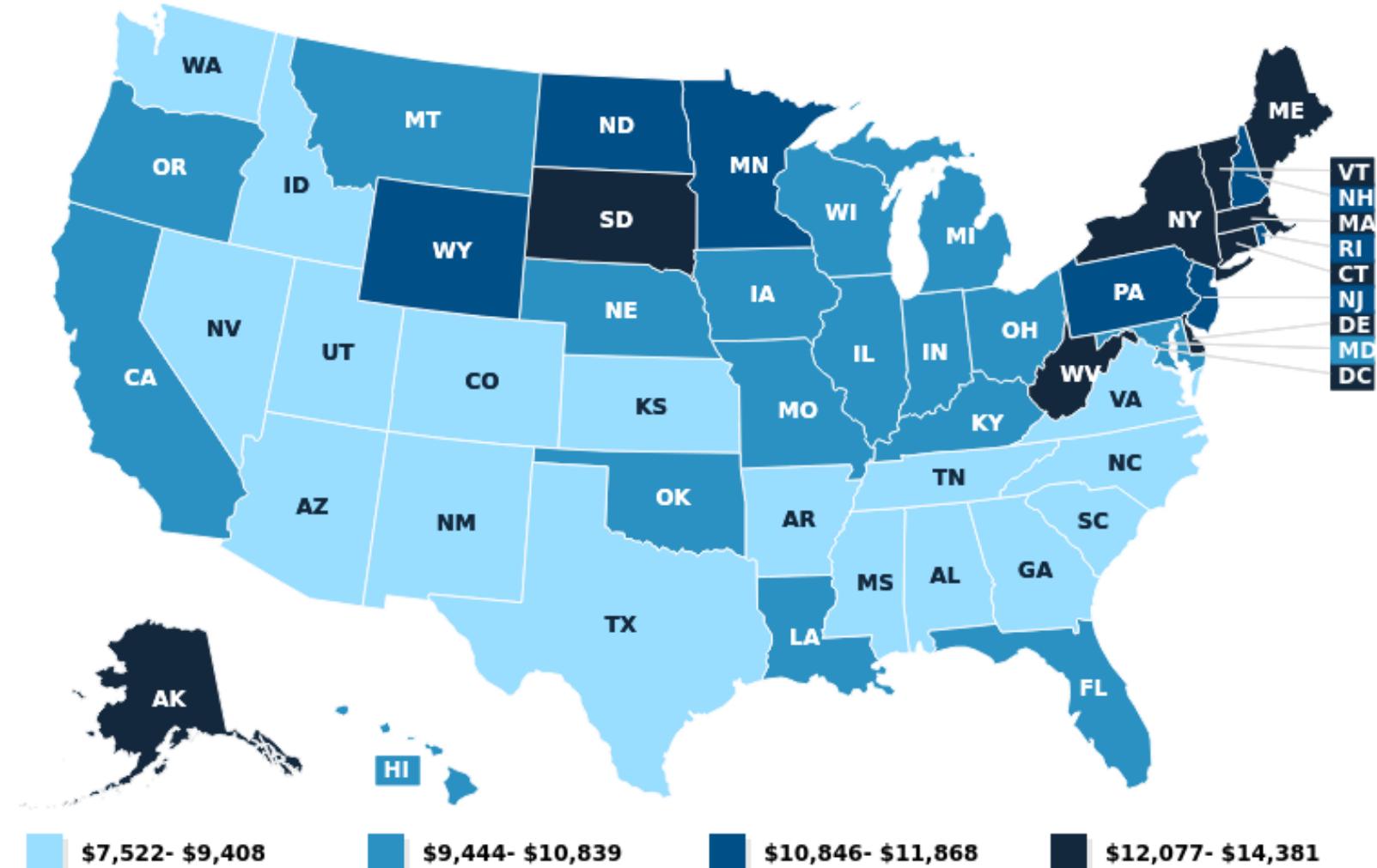
*Emily Ricci, Deputy Commissioner  
Dr. Anne Zink, Chief Medical Officer*

March 19, 2024

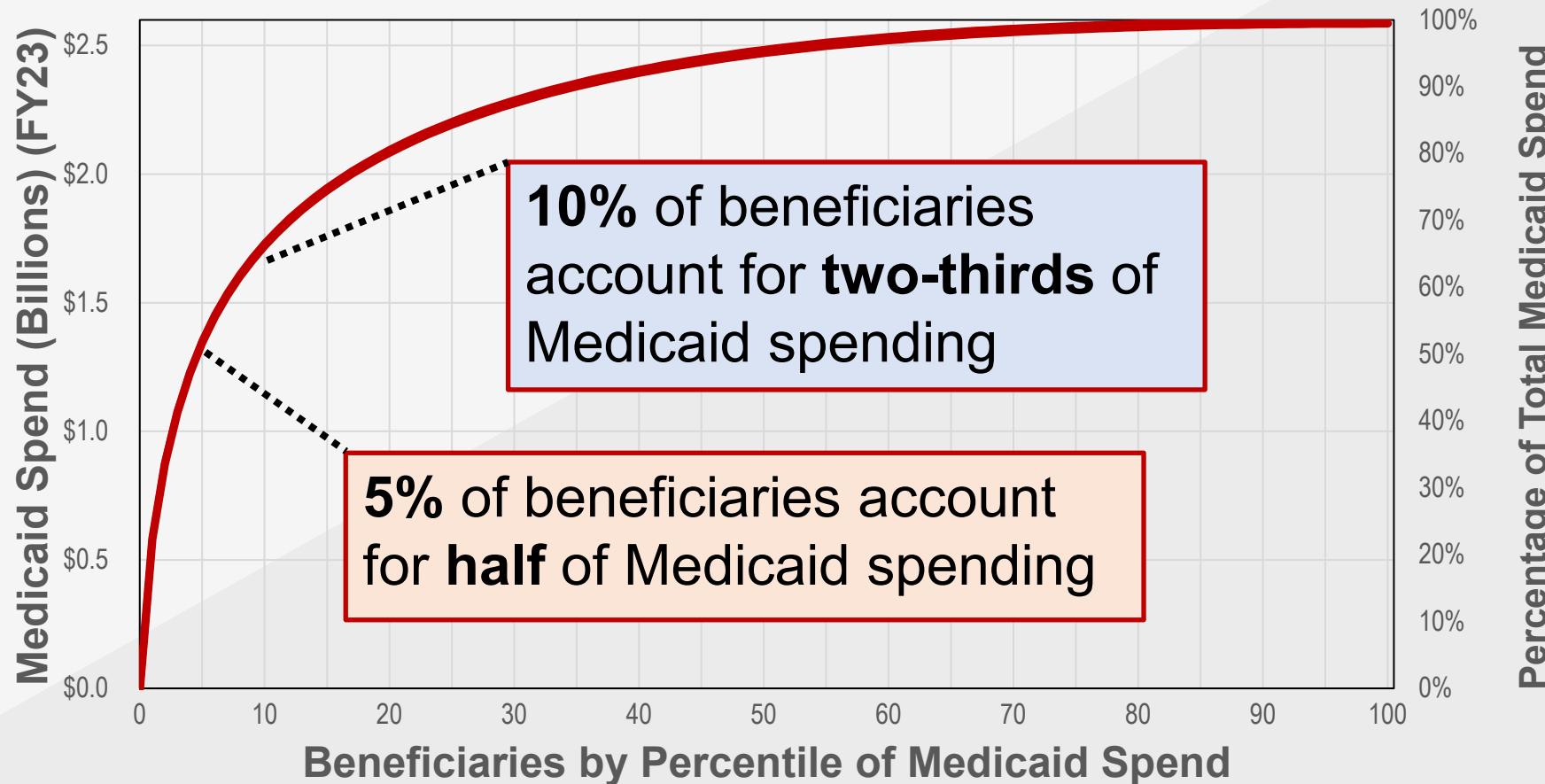


Medicaid is a critical tool to improving Alaska's health care delivery system and patient outcomes.

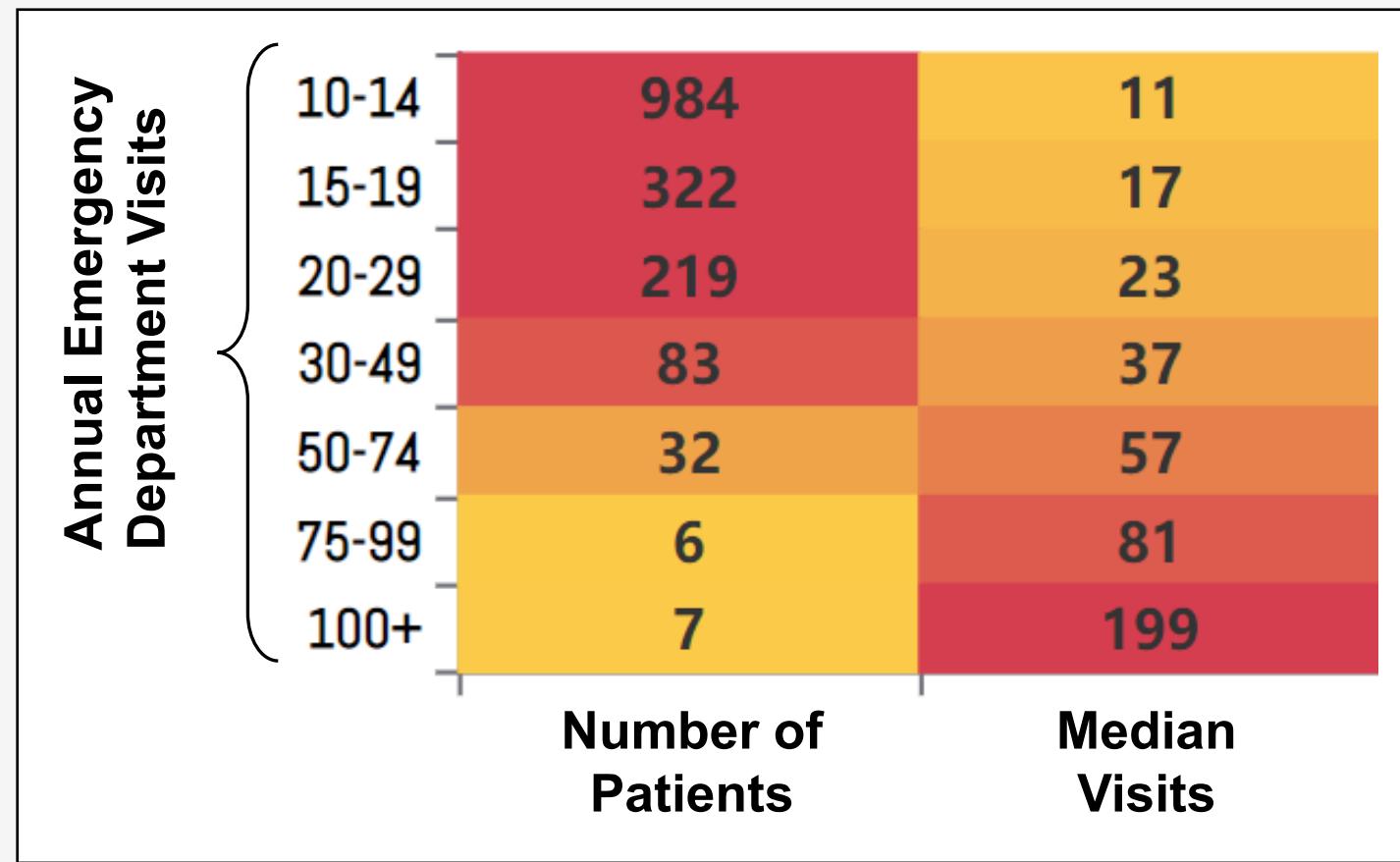
Total Health Care Expenditures per Capita (2020)



# Alaska Medicaid Utilization

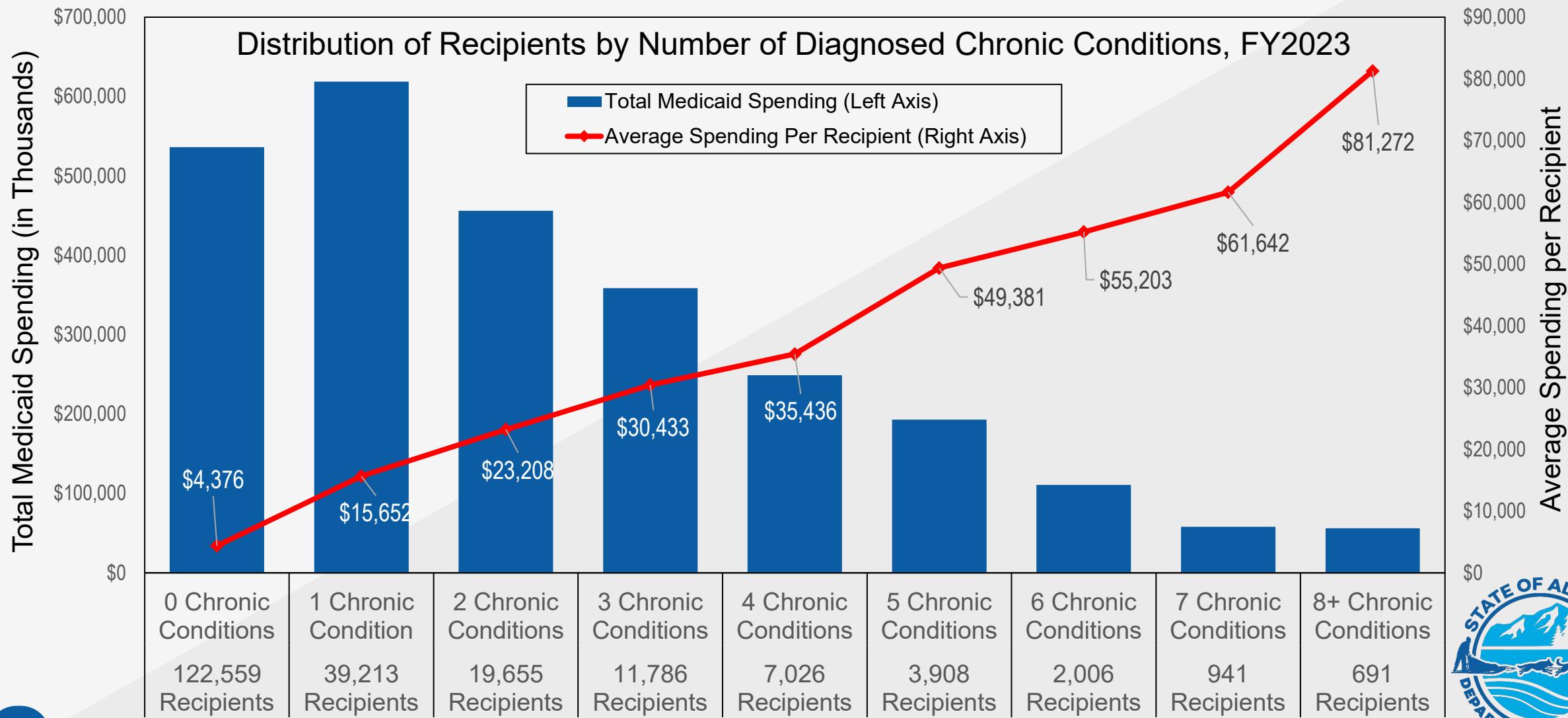


# Alaska Emergency Department Utilization



- More than 1,500 Alaskans had over ten visits per year
- The highest utilizers have almost 200 median visits per year

# Chronic Conditions and Medicaid Utilization



# Learning From Alaskans

## Produce Prescriptions

📍 Yukon-Kuskokwim Health Corporation

 Yukon-Kuskokwim  
HEALTH CORPORATION  
P.O. Box 287 • Bethel, Alaska 99551 • 907-543-6000

**Request for Fresh Produce from Meyers Farm**

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Race:  Alaska Native  American Indian  Other \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Village: \_\_\_\_\_

 \_\_\_\_\_

Signature: \_\_\_\_\_

By signing above, I agree to have YKHC's Diabetes Prevention and Control Department provide my name and contact information to Meyers Farm.

I am also agreeing to receive 1 box of fresh produce from Meyers Farm.

I am also documenting my understanding of the need to provide a new signed form each time I am requesting a box of fresh produce.

Please scan & mail this form to [diabetes\\_program@ykhc.org](mailto:diabetes_program@ykhc.org) or fax to 907-543-6164. Forms must be received by 5 p.m. on Friday to receive produce by the following Thursday.

This project is sponsored by a grant that is geared towards improving the health of Alaska Native and American Indians with Diabetes and at high risk of developing Diabetes. For more information please call 907-543-6133.

You may opt out at any time by calling the diabetes department at 907-543-6133.





## Case Coordination

📍 Bartlett Regional Hospital

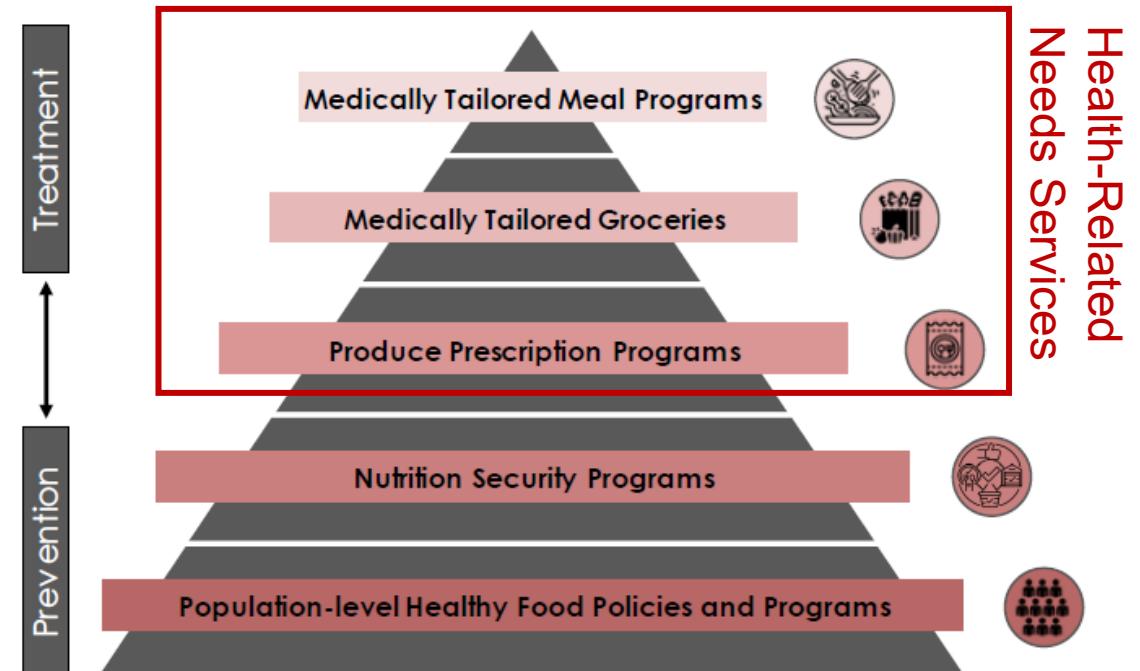


# What Are Health-Related Needs?

Under the 1115 waiver, health-related needs services must be:

- Medically necessary
- The choice of the beneficiary
- Individually tailored
- Distinct from population-based health interventions (must supplement not supplant existing services)

## Example: Nutrition Services



# Example: Nutrition Supports



- Poor nutrition contributes to worsening medical conditions and escalates to hospitalization
- During discharge planning, food insecurity is identified as a need
- Nutrition services are tailored to address specific medical needs
  - Stabilizes after post-acute event
  - Encourages timely discharge
  - Maintains independent living



# Example: Cycling Through API

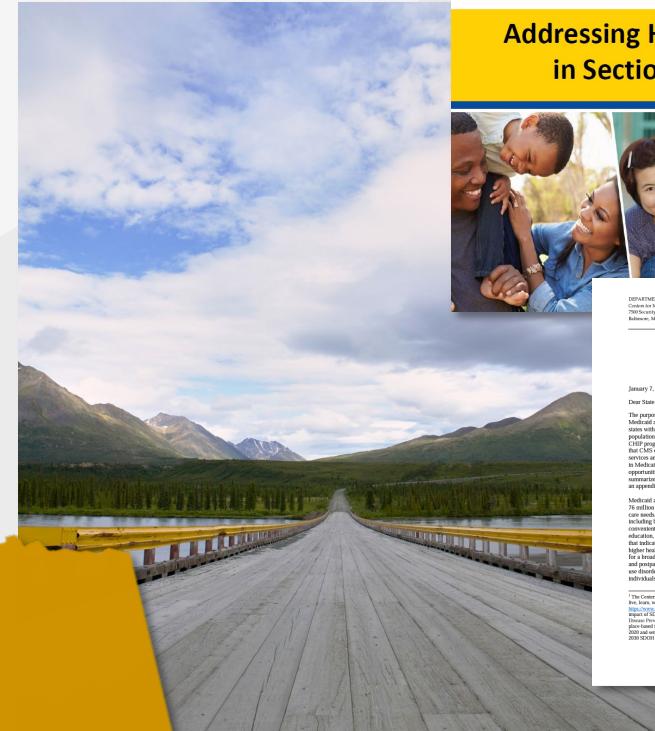


- Co-occurring mental health and chronic health diagnoses
- Unstable living conditions lead to poor medication management
- Multiple admissions and delays in discharge
- Higher level of care than is medically necessary



# Tailoring Medicaid to Meet Alaska's Needs

- Medicaid is a state-federal partnership
- New federal support for Medicaid innovation
- 1115 waivers allow states to implement specific strategies reflecting their population's unique needs and priorities



December 6, 2022

**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Addressing Health-Related Social Needs in Section 1115 Demonstrations



Dear State Health Official: CMS is addressing opportunities under Medicaid and CHIP to better address health-related social needs that can more effectively improve population health, reduce disability, and lower overall health care costs in the Medicaid and CHIP programs. This letter provides guidance on how CMS expects states to align their Medicaid and CHIP programs with the principles outlined in this letter. It also provides a framework for how CMS will evaluate and support states in Medicaid and CHIP programs to address SOCN and for federal authorities and other partners to support states in addressing SOCN. This letter also provides a framework that summarizes the information in key federal authorities for addressing SOCN that are included in the letter.

Medicaid and the Children's Health Insurance Program (CHIP) provide health coverage to over 98 million low-income Americans, including many individuals with complex, chronic, and costly health conditions. SOCN are conditions that people experience in their daily lives, including but not limited to access to nutritious food, affordable and accessible housing, community safety, social support, access to transportation, access to education, quality education, and opportunities for meaningful employment. There is a growing body of evidence that SOCN are associated with higher health care costs, increased hospitalizations, and higher health care costs for Medicaid and CHIP programs and can exacerbate health disparities for low-income individuals. SOCN are associated with increased risk of hospitalizations and premature women and infant, children and youth, individuals with mental and/or substance abuse disorders, and individuals with chronic diseases, including individuals experiencing homelessness, individuals from racial or ethnic minority populations.

The Centers for Disease Control and Prevention (CDC) refers to SOCN as "conditions in the places where people live, learn, work, and play that affect a wide range of health risks and health outcomes." For CDC information on SOCN, including research on the impact of SOCN on health, please visit [www.cdc.gov/socialdeterminants/](https://www.cdc.gov/socialdeterminants/). The Office of Disease Prevention and Health Promotion in the U.S. Department of Health and Human Services (HHS) uses a similar definition of SOCN. For more information on the impact of SOCN on health, please visit [www.hhs.gov/odphp/socn/](https://www.hhs.gov/odphp/socn/). The letter also provides a framework for how CMS will evaluate and support states in Medicaid and CHIP programs to address SOCN and for federal authorities and other partners to support states in addressing SOCN. This letter also provides a framework that summarizes the information in key federal authorities for addressing SOCN that are included in the letter.

SOCN 21-01  
SOCN: Opportunities in Medicaid and CHIP to Address Social Determinants of Health (SDOH)

January 7, 2021

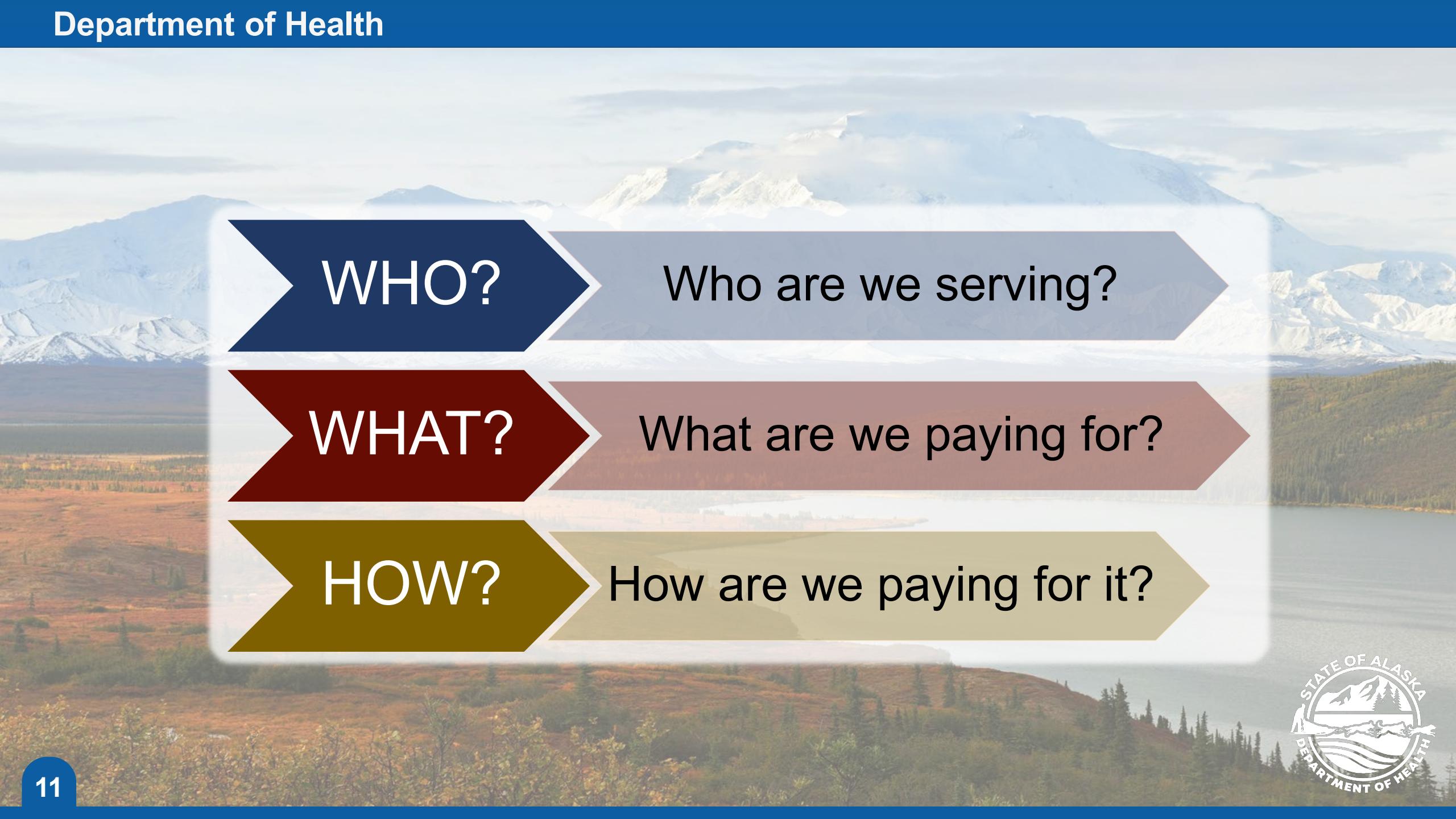
Dear State Health Official:

The purpose of this State Health Official (SHO) letter is to describe opportunities under Medicaid and CHIP to better address health-related social needs (SOCN) that can more effectively improve population health, reduce disability, and lower overall health care costs in the Medicaid and CHIP programs. This letter provides guidance on how CMS expects states to align their Medicaid and CHIP programs with the principles outlined in this letter. It also provides a framework for how CMS will evaluate and support states in Medicaid and CHIP programs to address SOCN and for federal authorities and other partners to support states in addressing SOCN. This letter also provides a framework that summarizes the information in key federal authorities for addressing SOCN that are included in the letter.

Medicaid and the Children's Health Insurance Program (CHIP) provide health coverage to over 98 million low-income Americans, including many individuals with complex, chronic, and costly health conditions. SOCN are conditions that people experience in their daily lives, including but not limited to access to nutritious food, affordable and accessible housing, community safety, social support, access to transportation, access to education, quality education, and opportunities for meaningful employment. There is a growing body of evidence that SOCN are associated with higher health care costs, increased hospitalizations, and higher health care costs for Medicaid and CHIP programs and can exacerbate health disparities for low-income individuals. SOCN are associated with increased risk of hospitalizations and premature women and infant, children and youth, individuals with mental and/or substance abuse disorders, and individuals with chronic diseases, including individuals experiencing homelessness, individuals from racial or ethnic minority populations.

The Centers for Disease Control and Prevention (CDC) refers to SOCN as "conditions in the places where people live, learn, work, and play that affect a wide range of health risks and health outcomes." For CDC information on SOCN, including research on the impact of SOCN on health, please visit [www.cdc.gov/socialdeterminants/](https://www.cdc.gov/socialdeterminants/). The Office of Disease Prevention and Health Promotion in the U.S. Department of Health and Human Services (HHS) uses a similar definition of SOCN. For more information on the impact of SOCN on health, please visit [www.hhs.gov/odphp/socn/](https://www.hhs.gov/odphp/socn/). The letter also provides a framework for how CMS will evaluate and support states in Medicaid and CHIP programs to address SOCN and for federal authorities and other partners to support states in addressing SOCN. This letter also provides a framework that summarizes the information in key federal authorities for addressing SOCN that are included in the letter.





WHO?

Who are we serving?

WHAT?

What are we paying for?

HOW?

How are we paying for it?



# Goals



Improve  
health  
outcomes

Decrease  
downstream  
costs

By promoting wellness and addressing the basic health-related needs of Alaskans, we can prevent negative health outcomes and drive down health care costs.



# Why A Bill?

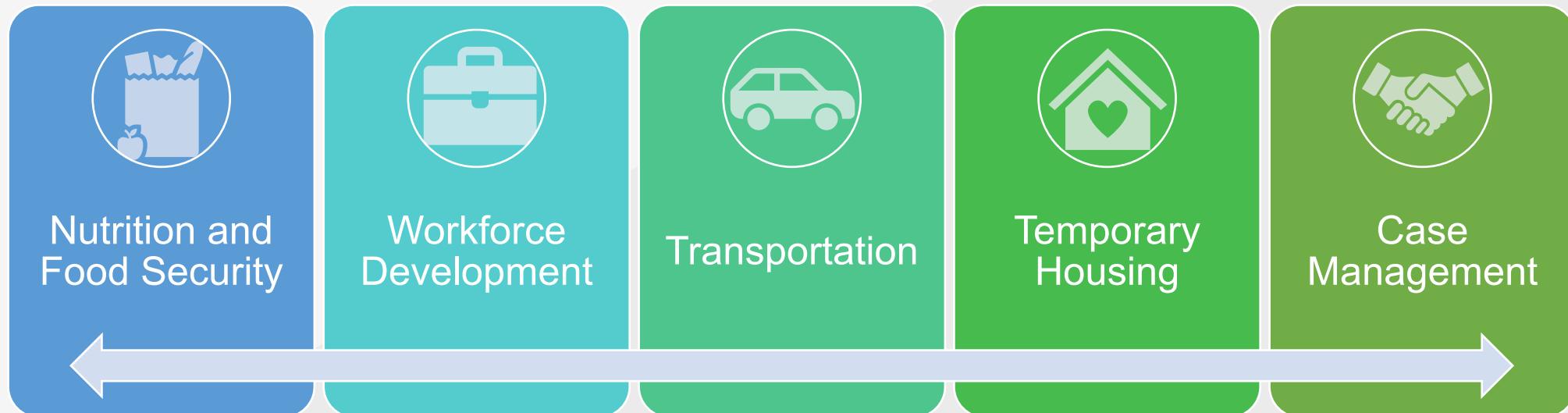


- Gives the Department the necessary authority to pursue a new 1115 waiver opportunity for health-related needs
  - A health-related needs 1115 waiver would be distinct from Alaska's existing 1115 waiver
- Allows the Department to conduct actuarial analysis and develop the waiver application



# Leveraging an 1115 Waiver to Address Health-Related Needs

Time-limited and medically necessary interventions spanning:



# Financial Considerations

- **Budget Neutrality:** Centers for Medicare and Medicaid Services requires budget neutrality for all 1115 waivers.
- **Alaska Medicaid Spending:** The legislature authorizes Medicaid spending annually.
- **Efficiencies in Care:** There is strong evidence that addressing health-related needs improves health outcomes and reduces costs.



# Sectional Analysis

## Section 1.

Adds a new section (h) to AS 47.07.036.

- Authorizes the department to apply for an 1115 waiver to establish one or more demonstration projects focused on addressing health-related social needs for Alaska Medicaid recipients in one or more specific geographic areas.
- Defines “health-related needs” as social or economic conditions that contribute to an individual’s poor health outcomes.



## Preparation

- Partner Engagement
- Tribal Engagement
- Technical Assistance
- Legislative Input & Authority

WE  
ARE  
HERE

## Development

- Actuarial Analysis
- Partner Engagement
- Tribal Consultation
- Waiver Proposal Drafting

## Consultation

- Tribal Consultation
- CMS Negotiation
- Public Comment

## Approval

- CMS Approval
- Annual Budget Process

## Implementation

- Infrastructure and Capacity Building
- Services Available to Eligible Alaskans

## Review

- Required Annual Reporting to CMS
- Annual Budget Process
- Renewal Opportunities



# Engaging Partners



Discussions with: 60+ partners, 110+ individuals

American Association of Retired Persons, Alaska  
Affordable Housing Land Trust  
Alaska Geriatric Exchange Network (AGEnetAK)  
AK Child & Family  
Alaska Association on Developmental Disabilities  
Alaska Behavioral Health Association  
Alaska Coalition to End Homelessness  
Anchorage Coalition to End Homelessness  
Alaska Farm Bureau  
Alaska Food Policy Council  
Alaska Hospital & Healthcare Association  
Alaska Housing Finance Corporation  
Alaska Municipal League  
Alaska Native Health Board  
Alaska Native Tribal Health Consortium  
Alaska Psychiatric Institute  
Alaska Coalition to End Homelessness  
Anchorage Coalition to End Homelessness  
Assets, Inc.  
Association of Alaska Housing Authorities  
Bartlett Regional Hospital

Beans Café  
Central Peninsula Hospital  
Chugachmiut  
Community Connections  
Cook Inlet Housing Authority  
Cooper River Native Association  
Cordova Medical Center  
Denali Center/Foundation Health  
Fairbanks Food Bank  
Fairbanks Memorial Hospital  
Foundation Health Partners, Denali Center  
Food Bank of Alaska  
Frontier Community Services  
Hobbs, Straus, Dean, & Walker, LLP  
Hope Community Resources  
Infinite Options Care Coordination Services  
Institute of Social and Economic Research  
Jordan Marshall, Governmental Affairs Consultant  
Kikiktagruk Inupiat Corporation  
Legislative Consultants, LLC  
Maniilaq Association

Mat-Su Health Foundation  
Mat-Su Health Services  
Mat-Su Services for Children and Adults  
Mental Health Trust Authority  
National Health Service Corps  
Optum  
Palmer Navigation Services  
Peer Power Alaska  
Petersburg Medical Center  
Providence Hospital  
Rasmuson Foundation  
REACH Alaska  
South Peninsula Hospital  
Southcentral Foundation  
Southeast Alaska Regional Health Consortium  
Volunteers of America  
Yakutat Community Health Center  
Yakutat Tlingit Tribe  
Yukon Kuskokwim Health Corporation



# Questions?

Courtney Enright

Legislative Liaison

[Courtney.Enright@alaska.gov](mailto:Courtney.Enright@alaska.gov)

907-269-7803

