



VISION

ALASKA INDIVIDUALS, FAMILIES AND COMMUNITIES ARE SAFE AND HEALTHY

MISSION

TO PROMOTE AND PROTECT THE HEALTH AND WELL-BEING OF ALASKANS

Department of Health and Social Services | Home and Community Based Waivers

Duane Mayes | Senior and Disabilities Services, Director

Jon Sherwood | Deputy Commissioner

Senior and Disabilities Services

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Federal Medicaid Law

Federal law sets broad requirements for the Medicaid program. States can then make the many operational and policy decisions that determine who is eligible for enrollment, which services are covered, and how payments are set.

State Medicaid programs must comply with federal requirements, but states seeking additional flexibility can apply for formal waivers of some of these requirements from the Secretary of Health and Human Services (HHS).



Medicaid Waivers

Medicaid waivers can be classified broadly as demonstration waivers or program waivers.

- Demonstration waivers allow a state to test new or existing approaches to program financing and delivery.
- Program waivers, on the other hand, have generally been designed to expand the array of defined program options available to a state. Rather than to provide an avenue of experimentation with new models.



Program Waiver: 1915(c)

Enacted in 1981 legislation, §1915(c) allows states to wave some Medicaid requirements, in order to offer home and community based services (HCBS) to limited groups of enrollees as an **alternative to institutional care**.

These waivers also allow states to cap the number of individuals who can receive HCBS.



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Program Waiver: 1915(c) continued

To be eligible, individuals must meet level-of-care requirements—that they would require institutionalization in the absence of Home and Community Based Services (HCBS).

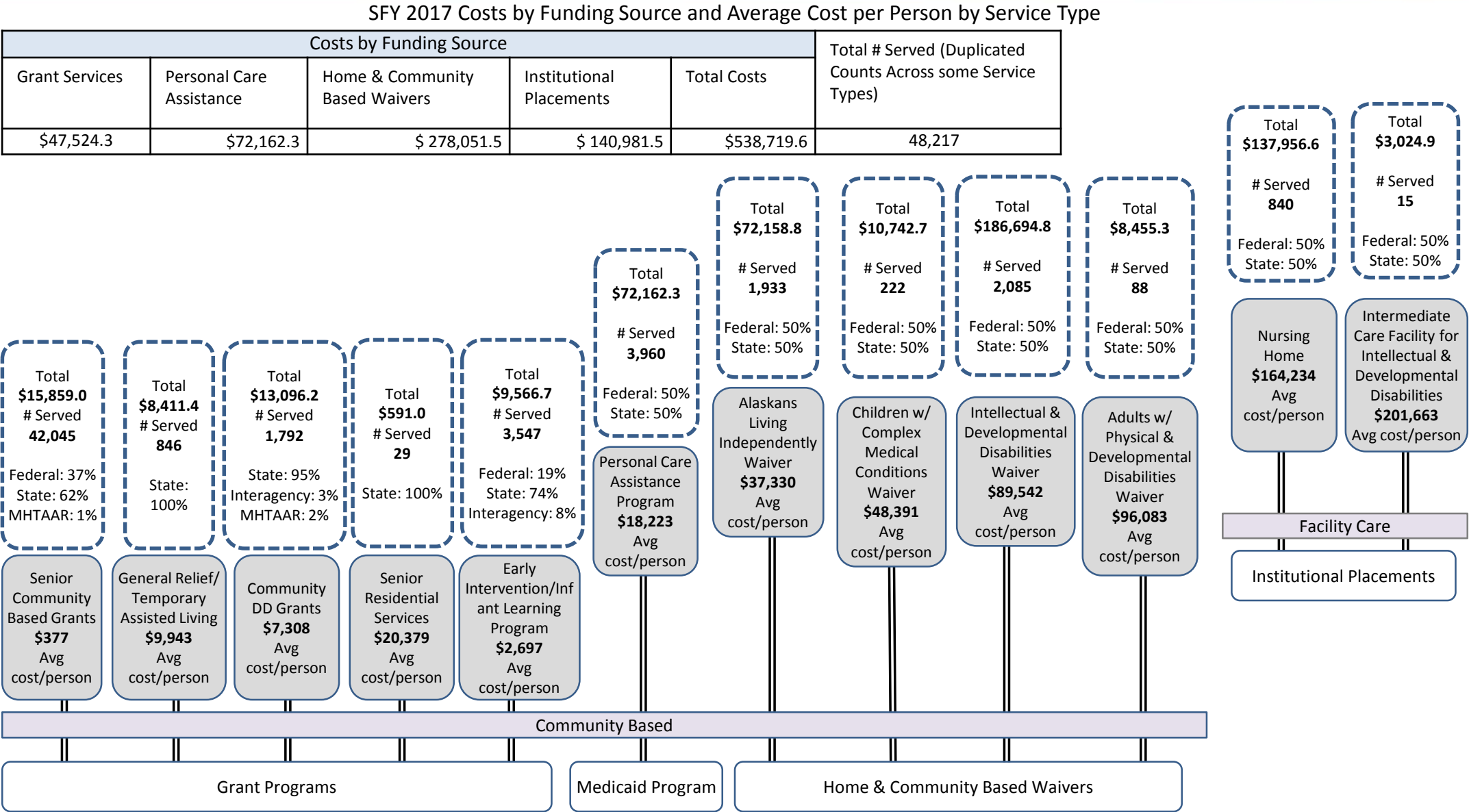
Coverable HCBS, then, are the services needed to avoid institutionalization; for example care coordination, supported employment, adult day, residential habilitation, respite care.

A separate 1915(c) waiver is generally required for each eligible population. Alaska currently operates four waivers under this authority.



Continuum of Care

Senior and Disabilities Services



* Data from State of Alaska Automated Budget System, Final Auth 17 report, and COGNOS

History of Alaska's Waiver Program

- 1990 - The State Legislature directed the Department to look at waiver options to serve Alaskan's with Disabilities and Seniors.
- 1993, following legislative approval, the department began operating 1915(c) Home and Community Based Waivers.
- 2018 is the 25th anniversary of Alaska's waivers
- In 2018 a new 1915(c) waiver – Individualized Supports Waiver will be implemented to refinance the 100% general fund program, Community and Developmental Disabilities grant.



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Senior and Disabilities Home and Community Based Service Options

1915(c) Waivers

Nursing Facility Level of Care (NFLOC)

- Adults Living Independently
- Adults with Physical and Developmental Disabilities
- Children with Complex medical

Intermediate Care Facility/Individuals with Intellectual Disabilities (ICF/IID)

- Persons with Intellectual Disabilities
- Individualized Supports Waiver



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Home and Community Based Services

- Care Coordination (ALI, APDD, CCMC, IDD, ISW)
- Adult Day
- Chore
- Meals
- Respite
- Day Habilitation
- Supported Employment
- Residential Supportive Living
- Residential Habilitation
- Intensive Active Treatment (over 21)
- Specialized medical equipment
- Transportation/escort
- Nursing oversight and care management
- Specialized Private Duty Nursing



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Olmstead Decision

On June 22, 1999, the United States Supreme Court held in *Olmstead v. L.C.* that unjustified segregation of persons with disabilities constitutes discrimination in violation of title II of the Americans with Disabilities Act.

- The Olmstead Decision is not specific to Medicaid. The decision obligates the state no matter what type of health care coverage a person may have.



Olmstead Decision

The Court held that public entities must provide community-based services to persons with disabilities when:

- (1) such services are appropriate;
- (2) the affected persons do not oppose community-based treatment;
and
- (3) community-based services can be reasonably accommodated, taking into account the resources available to the public entity and the needs of others who are receiving disability services from the entity.



Cost of Institutional Care without Home and Community Based Service Options

SFY 2017 Costs by Funding Source and Average Cost per Person by Service Type (based on services that were rendered during FY2017)

Program	# served	Avg cost per person	Total costs
Home & Community Based Waivers			
ALI Waiver	1,933	37,330	\$72,158,890
APDD Waiver	88	96,083	\$8,455,304
CCMC Waiver	222	48,391	\$10,742,802
IDD Waiver	2,085	89,542	\$186,695,070
TOTAL HCB Waivers			\$278,052,066
Institutional Placements			
Nursing Home	840	164,234	\$137,956,560
ICF/IID	15	201,663	\$3,024,945
TOTAL Institutional Placements			\$140,981,505
TOTAL HCB Waivers and Institutional Placements			\$419,033,571

Institutional Placements if no HCB Waiver services existed			Total cost based on average cost per person for NH and ICF/IID services.
Nursing Home + ALI, APDD and CCMC Waiver service recipients	3,083		\$506,333,422
ICF/IID + IDD Waiver service recipients	2,100		\$423,492,300
TOTAL if HCB Waivers did not exist and individuals eligible for Nursing home or ICF/IID care received services in institutional placements			\$929,825,722



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National Info on the Value of HCBS Programs

- Nearly 3.2 million people receive HCBS services (2014)
- Total Medicaid HCBS spending was \$58 Billion (2014)
- HCBS Medicaid waiver services now exist in all 50 states (2014)
- HCBS 1915(c) waiver accounts for the majority of enrollment and spending



National info on the Value of HCBS Services

All states are reducing the number of individuals in institutional placements through optional HCBS waivers

- Significant cost savings
- Olmstead decision/ADA
- Person Centered
- The demands on elder community based care (baby boomers)



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National: Types of HCBS waivers

A 2012 study looked at 1915(c) waivers provided by the 33 states that had federally recognized tribes at the time, referred to as "reservation states." The study found that state waivers mainly covered 4 categories in 2012:

- Developmental disability (including autism)
- Elderly and disabled
- Medically fragile and palliative care
- Brain injury



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Medicaid Waiver Authorities

- 1915(a) voluntary managed care program
- 1915 (b) managed care delivery system:
 - (b)(1) Freedom of Choice - restricts Medicaid enrollees to receive services within the managed care network
 - (b)(2) Enrollment Broker - utilizes a "central broker"
 - (b)(3) Non-Medicaid Services Waiver - uses cost savings to provide additional services to beneficiaries
 - (b)(4) Selective Contracting Waiver - restricts the provider from whom the Medicaid eligible may obtain services
- 1915(c) Home and Community-Based Waivers
- 1915(d) State Plan Home and Community-Based Services for individuals 65 of age or older
- 1915(e) State Plan Medical Care for Children who require Hospital or nursing facility level of care
- 1915(i) State Plan Home and Community-Based Services for Elderly and Disabled Individuals
- 1915(j) Self-Directed Personal Assistance Services Under State Plan
- 1915(k) State Plan Option to Provide Home and Community based Attendant Services and Supports



QUESTIONS?

Thank You



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