

MEETING AGENDA

Meeting: Planning Committee
Date: January 5, 2017
Time: 8:30 am
Location: Trust Authority Building, 3745 Community Park Loop, Anchorage
Teleconference: (844) 740-1264 / Session Number: 800 309 228 # / Attendee Number: #
<http://thetrust.webex.com>
Trustees: Mary Jane Michael (Chair), Laraine Derr, Paula Easley, Larry Norene, Jerome Selby, Carlton Smith, Russ Webb

Thursday, January 5, 2017

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8:30 am	Call to order (Mary Jane Michael, Chair) Announcements Approve agenda	
8:35 am	CEO Update	
8:45 am	1115 Waiver & Forensic Evaluations at API Follow-Up <ul style="list-style-type: none">• Katie Baldwin, Stephenie Colston (Contractor)• Randall Burns, Director Division of Behavioral Health	4
9:15 am	Long Term Services & Support Reform Update <ul style="list-style-type: none">• Amanda Lofgren	
9:30 am	Recover Alaska <ul style="list-style-type: none">• Tiffany Hall, Executive Director Recover Alaska	9
10:00 am	Adjourn	

Future Meeting Dates

Full Board of Trustee / Planning / Resource Management / Finance
2017 / 2018 / 2019

(Updated – December 16, 2016)

Planning Committee Dates:

- April 13, **2017** (Thu)
- August 1-2, **2017** (Tue, Wed)
- October 17, **2017** (Tue)

- **January 4, 2018** (Thu)
- **April 12, 2018** (Thu)
- **Jul 31- Aug 1, 2018** (Tue, Wed)
- **October 17, 2018** (Wed)

- **January 3, 2019** (Thu)
- **April 11, 2019** (Thu)
- **Jul 30-31, 2019** (Tue, Wed)
- **October 16, 2019** (Wed)

Resource Management Committee Dates:

- April 13, **2017** (Thu)
- August 3, **2017** (Thu)
- October 17, **2017** (Tue)

- **January 4, 2018** (Thu)
- **April 12, 2018** (Thu)
- **Aug 2, 2018** (Thu)
- **October 17, 2018** (Wed)

- **January 3, 2019** (Thu)
- **April 11, 2019** (Thu)
- **Sep 1, 2019** (Thu)
- **October 16, 2019** (Wed)

Future Meeting Dates

Full Board of Trustee / Planning / Resource Management / Finance 2017 / 2018 / 2019

(Updated – December 16, 2016)

Finance Committee Dates:

- April 13, **2017** (Thu)
- August 3, **2017** (Thu)
- October 17, **2017** (Tue)

- **January 4, 2018** (Thu)
- **April 12, 2018** (Thu)
- **August 2, 2018** (Thu)
- **October 17, 2018** (Wed)

- **January 3, 2019** (Thu)
- **April 11, 2019** (Thu)
- **Sep 1, 2019** (Thu)
- **October 16, 2019** (Wed)

Full Board of Trustee Meeting Dates:

- January 25-26, **2017** (Wed, Thu) – JUNEAU
- May 4, **2017** (Thu) – TBD
- September 6-7, **2017** (Wed, Thu) – Anchorage – TAB
- November 16, **2017** (Thu) – Anchorage – TAB

- **January 24-25, 2018** (Wed, Thu) – JUNEAU
- **May 9, 2018** (Wed) – TBD
- **September 5-6, 2018** (Wed, Thu) – Anchorage – TAB
- **November 15, 2018** (Thu) – Anchorage – TAB

- **January 30-31, 2019** (Wed, Thu) – JUNEAU
- **May 8, 2019** (Wed) – TBD
- **September 4-5, 2019** (Wed, Thu) – Anchorage – TAB
- **November 14, 2019** (Thu) – Anchorage – TAB

MEMO

To: Mary Jane Michael, Planning Committee Chair
From: Katie Baldwin, Senior Program Officer
Date: December 28, 2016
Re: 1115 Waiver and Forensic competency evaluation and competency restoration services

The following document was prepared by Stephenie Colston, Trust consultant, in response to questions raised by Trustees during the August 10, 2016 Full Board of Trustee meeting. Trustee Webb inquired if the Medicaid 1115 Behavioral Health Waiver could address reimbursement of forensic and competency restoration evaluations. Ms. Colston has prepared the attached document and will be available during the December 12th Planning Committee for discussion.

MEDICAID AND FORENSIC EVALUATIONS

At the August 10, 2016 AMHTA Trustee meeting, the Chairman, Mr. Webb, asked Ms. Colston whether a Medicaid 1115 Waiver could address the reimbursement of forensic evaluations, specifically competency restoration evaluations. An additional question included whether said evaluations could occur in either an inpatient psychiatric setting or a community setting. Ms. Colston responded that the long-standing CMS IMD Exclusion policy would prevent API, for example, from receiving Medicaid reimbursement for forensic evaluations unless an 1115 Waiver authorized waiving the IMD Exclusion for API. Ms. Colston indicated that she would research the issue and get back with Mr. Webb. The short answer to the first question is yes—with caveats.

This question raises several contextual issues that are much broader than that of forensic evaluations, including the following:

1. Question--What has been Medicaid policy regarding justice-involved adults?

Answer--There have traditionally been ***limitations on Medicaid reimbursement for justice-involved individuals*** for a variety of reasons.

First, CMS policy regarding justice-involved individual has long been that incarceration alone does not make one ineligible for Medicaid. In addition, CMS has long held that individuals meeting State Medicaid eligibility criteria can be enrolled in Medicaid before, during, and after incarceration in jail or prison¹. However, most States have historically terminated Medicaid coverage for enrollees who become incarcerated—this, in spite of CMS encouragement that States suspend rather than terminate benefits during incarceration, due to the obvious delay in access to services cause by the need to re-apply for Medicaid benefits when terminated. The re-application process has traditionally been lengthy and time-consuming.

Second, federal law allows States to receive Medicaid reimbursement for inpatient services provided to incarcerated individuals by a hospital outside of a correctional facility. The IMD Exclusion obviously does not permit inpatient psychiatric hospitals with more than 16 beds to receive Medicaid reimbursement, so this provision relates only to general hospitals. However, few States have traditionally utilized this reimbursement mechanism². This may be because, as nondisabled adults without dependent children, justice-involved individuals simply did not meet States' categorical eligibility criteria, despite their low income. Thus, a small number of justice-involved individuals qualified for Medicaid reimbursement.

Third, many justice-involved patients requiring forensic evaluations (e.g., defendants hospitalized for competency restoration services, insanity acquittees, or those hospitalized for forensic evaluations) may not have met the threshold of medical necessity required for Medicaid reimbursement. However, when that threshold has been met, ***many States have allowed Medicaid reimbursement for***

forensic evaluations—typically when conducted by either a qualified psychiatrist or a qualified psychologist--and not provided in an IMD or correctional facility.

2. Question-- What changes have occurred since passage of the Affordable Care Act (ACA) that affect justice-involved individuals?

Answer—there are **several changes** that ACA spawned, including elaborating on long-standing Medicaid policies such as those mentioned in #1 above and removing some restrictions on covering justice-involved individuals after release.

First, CMS recently issued Guidelines on facilitating Medicaid reimbursement for justice-involved individuals³. The April 2016 Guidelines address how States can facilitate Medicaid enrollment before, during, and after an incarceration and make it clear that Medicaid is viewed as a mechanism to connect justice-involved individuals “to the care they need”⁴, whether those individuals are pre-incarceration, incarcerated, or post-incarceration (i.e., re-entering individuals, whether under community supervision or not).

Second, the ACA created an opportunity for States to expand Medicaid eligibility criteria to individuals under age 65 who earn up to 138% of the Federal Poverty Level (FPL), thus removing a key barrier that previously kept States from enrolling justice-involved individuals in Medicaid. As of today, 32 States have expanded Medicaid under the ACA, 6 of which used 1115 Waivers to do so (Arkansas, Indiana, Iowa, Michigan, Montana, and New Hampshire).

Third, the Guidelines make clear that benefits are extended to residents of state/local community residential facilities under correctional supervision (e.g., those in a halfway house).

Fourth, the Guidelines, while reiterating that States may not provide Medicaid coverage for health care services delivered to incarcerated individuals, make an exception for care delivered outside the correctional facility, such as at a hospital or nursing home, when a Medicaid-enrolled person has been admitted for 24 hours or more (off-site inpatient care). States that have expanded Medicaid eligibility under ACA are realizing the largest savings under this option because most inmates, as nondisabled adults without dependent children, are eligible only under the expansion. Payments for these newly eligible individuals triggers the enhanced federal match of at least 90%--Arkansas and Michigan are 2 of those States, reporting \$2.8 million and \$19 million in realized and projected savings.

3. What opportunities exist today—specifically relating to 1115 Waivers?

Answer—there are **many opportunities to increase Medicaid reimbursement for justice-involved individuals that exist relating to 1115 Waivers, HCBS Waivers, and State Plan Amendments.**

First, simply by expanding Medicaid eligibility to individuals under age 65 who earn up to 138% of the Federal Poverty Level (FPL), Alaska has laid the groundwork for increasing Medicaid reimbursement for justice-involved individuals. Requesting claims data from DHSS for individuals on probation or parole status would be a logical first step to determine the extent of existing service utilization and inform data-driven decision-making about next steps.

Second, justice-involved populations may or may not need to be specified in an Alaska 1115 Waiver application, depending on a number of factors:

- ✦ The benefit package proposed in the Waiver—for example, forensic evaluations in a community setting may be proposed,
- ✦ Whether or not a waiver of the IMD Exclusion for API is requested in the 1115 Waiver,
- ✦ Service utilization patterns of the justice-involved Expansion population—if SUD services are more utilized, it may be prudent to wait for the SUD amendment to address the needs of the justice-involved population at that time, and
- ✦ Prioritization of the population—1115 Waivers require budget neutrality and every eligible population and every proposed benefit has to have a cost associated to determine whether the neutrality threshold can be maintained.

Third, Medicaid approaches other than an 1115 Waiver should be considered—for example, the approach used by Texas in its 1915(i) HCBS Waiver for Adult Mental Health, which was approved by CMS in 2015 as a **State Plan Amendment**. Services can be provided to justice-involved individuals on probation or parole status.

In general, Medicaid State Plan amendments have the following features:

- ✦ There is no cost or budget requirement,
- ✦ The approval process generally takes 90 days, with the caveat that CMS can suspend that 90-day clock if more information from the State is required
- ✦ The duration of the approval is permanent, not time limited, unless another amendment proposed repeal of the amendment
- ✦ It is much easier from an administrative perspective
- ✦ Only optional services can be changes by SPA, not mandatory services
- ✦ There is no federal requirement that States post notices when they are changing their State Medicaid Plan.

Fourth, some States that have expanded Medicaid through an 1115 Waiver, Arkansas and Michigan as examples, now serve more justice-involved individuals. While not targeting justice-involved population in the Waiver application, these 2 States have achieved savings due to the off-site inpatient care option allowed under ACA, as mentioned above. In addition, there are lessons learned about accessing the substantial CMS Federal support available to assist State Medicaid Agencies in

meeting the needs of Medicaid-eligible justice-involved individuals. One example is the substantial Federal support that CMS has provided to upgrade State MMIS technologies if the existing MMIS hinders or prevents suspending eligibility or coverage for incarcerated individuals.

CMS clearly has signaled a change in its approach to justice-involved individuals who are eligible for Medicaid services. There are now many avenues available to increase Medicaid reimbursement for justice-involved individuals. It is an especially apt time for Alaska to take advantage of some of these opportunities, especially within the context of overall Medicaid and Criminal Justice reform efforts occurring within the State. It is recommended that several of the options mentioned in this document be considered (a State Plan Amendment in particular), not just the 1115 Waiver option.

Footnotes:

1. C. McKee, S. Somers, S. Artiga, *State Medicaid Eligibility Policies for Individuals Moving Into and Out of Incarceration*. Kaiser Family Foundation Issue Brief—August 4, 2015. <http://kff.org/report-section/state-medicare-eligibility-policies-for-individuals-moving-into-and-out-of-incarceration-issue-brief/>
2. The Pew Charitable Trusts. *How and When Medicaid Covers People under Correctional Supervision*. Issue Brief—August 2, 2016. <http://www.pewtruts.org/en/research-and-analysis/issue-brief-how-and-when-medicare-covers-people-under-correctional-supervision>
3. Centers for Medicare & Medicaid Services, “To Facilitate Successful Re-entry for Individuals Transitioning from Incarceration to Their Communities,” Letter to State Health Officials, SHO # 16-007 (April 28, 2016). <https://www.medicare.gov/federal-policy-guidance/downloads/sho16007.pdf>
4. Ibid.



RECOVER

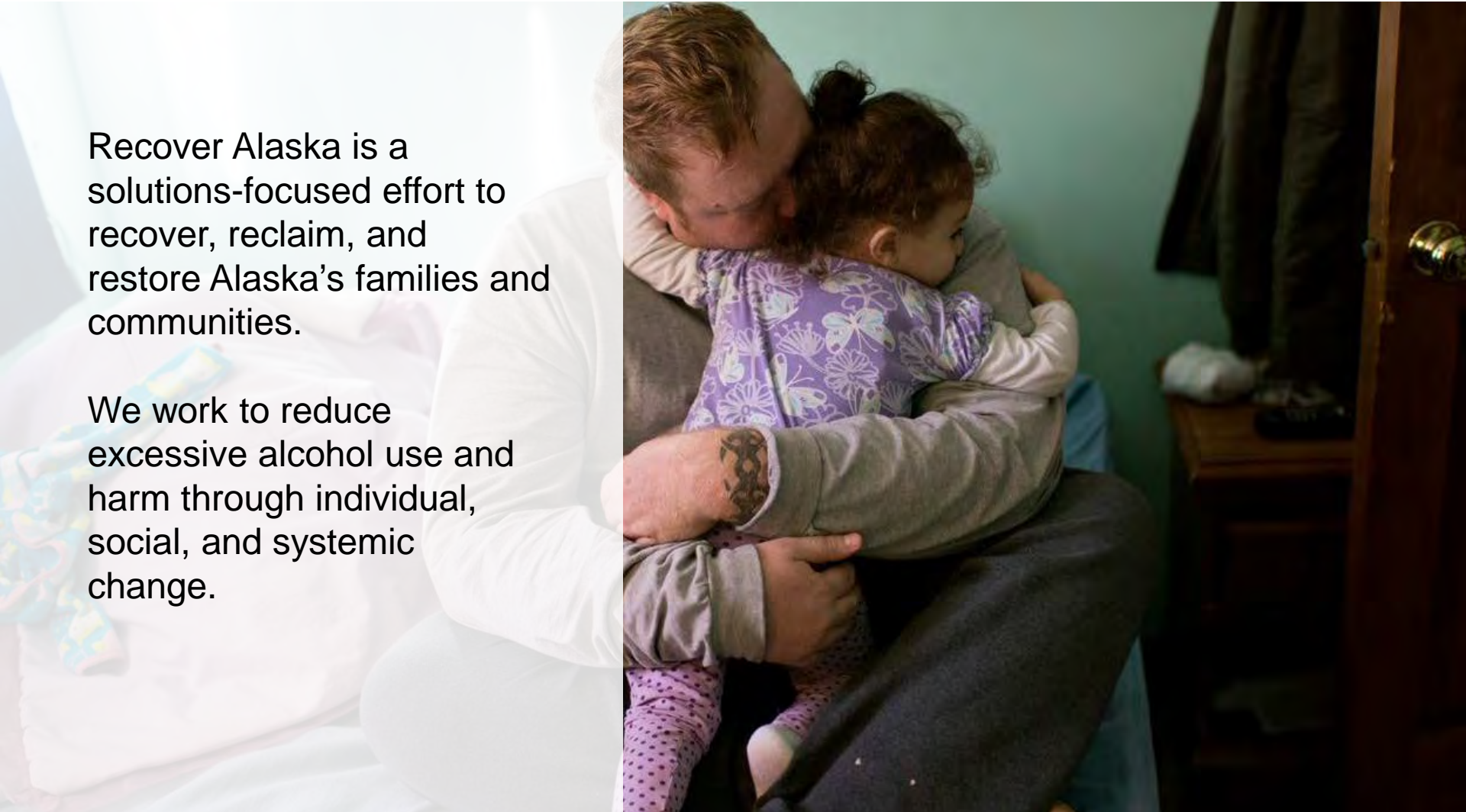
ALASKA

Addressing the negative impacts of alcohol across our state

What?

Recover Alaska is a solutions-focused effort to recover, reclaim, and restore Alaska's families and communities.

We work to reduce excessive alcohol use and harm through individual, social, and systemic change.



Who?

Formed by Funding Partners

- Rasmuson Foundation
- The Alaska Mental Health Trust Authority
- Mat-Su Health Foundation
- State of Alaska-Department of Health and Social Services
- Southcentral Foundation
- Providence Health & Services

Guided by a multi-sector action group

- Tribal corporations
- Judges
- Foundations
- Health professionals
- State legislators
- Government agencies

Additional Supporters include

- Alaska Community Foundation, Robert Wood Johnson Foundation, Annie E. Casey Foundation, John S. & James L. Knight Foundation, Doris Duke Charitable Foundation, Wells Fargo, Murdock Charitable Trust

Why?

Alcohol use and abuse is *the* top health issue important to Alaskans.

(Healthy Alaskans 2020)

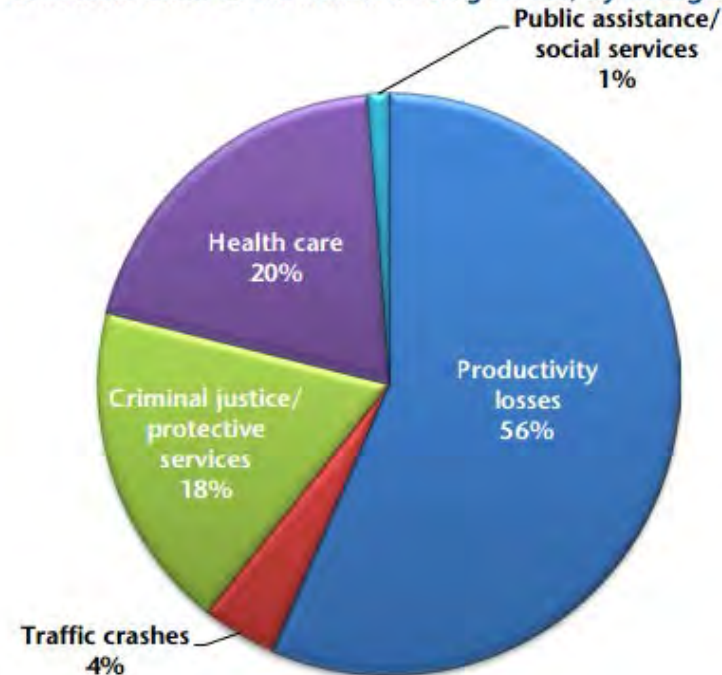
Excessive alcohol consumption negatively impacts all Alaskans.

A deeply ingrained status quo – even one that wreaks havoc on people’s lives – doesn’t budge easily.
Collaboration is key.

Economic Impact

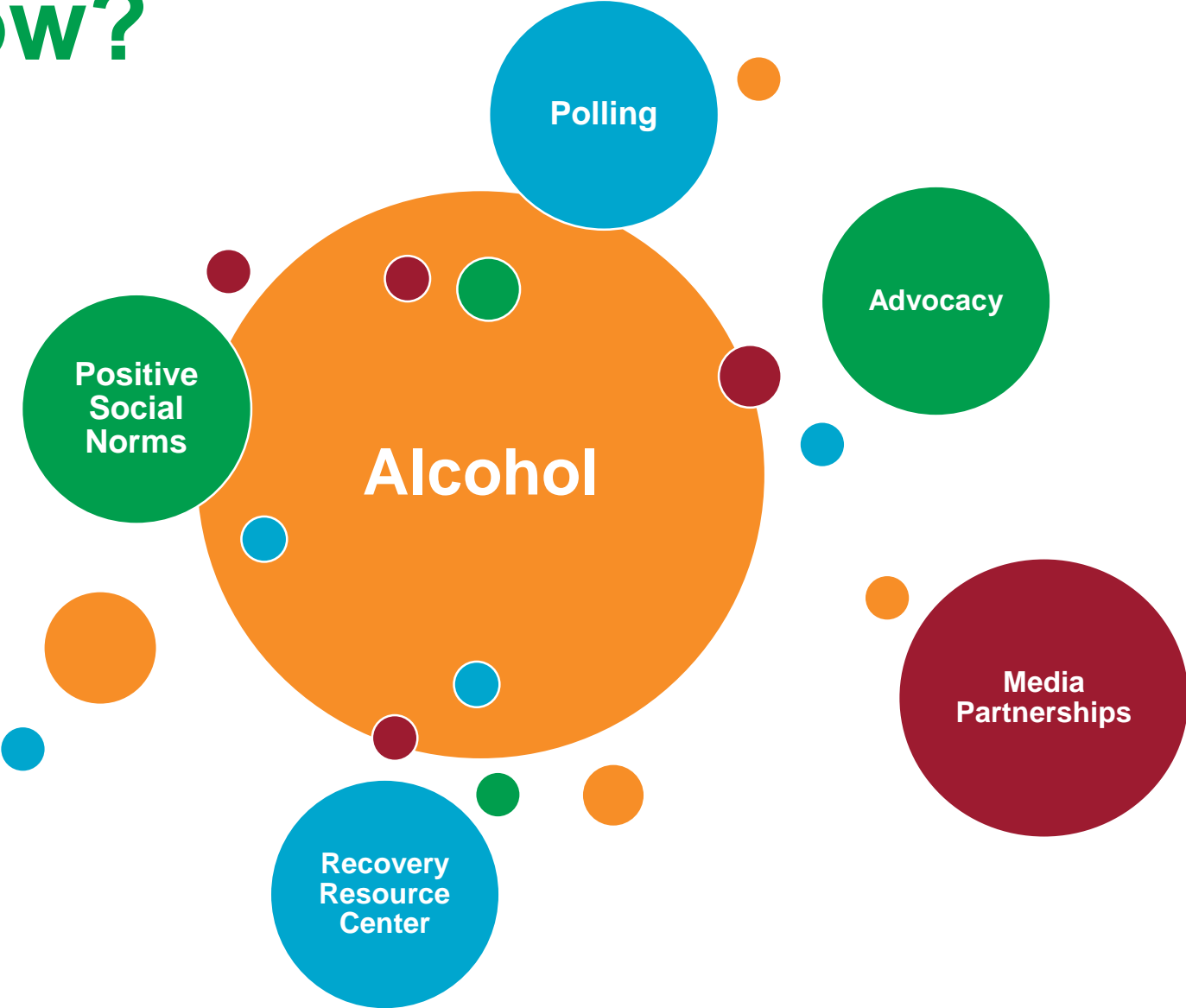
The monetary impact of alcohol and substance abuse to the Alaska economy are approximately **\$1.2 billion** annually.

Economic Costs of Alcohol and Drug Abuse, by Category, 2010



Resource: The Economic Costs of Alcohol and Drug Abuse in Alaska 2012, Alaska Mental Health Board & Advisory Board on Alcoholism and Drug Abuse.

How?



Positive Social Norms



Day001

Be [YOU]



Advocacy



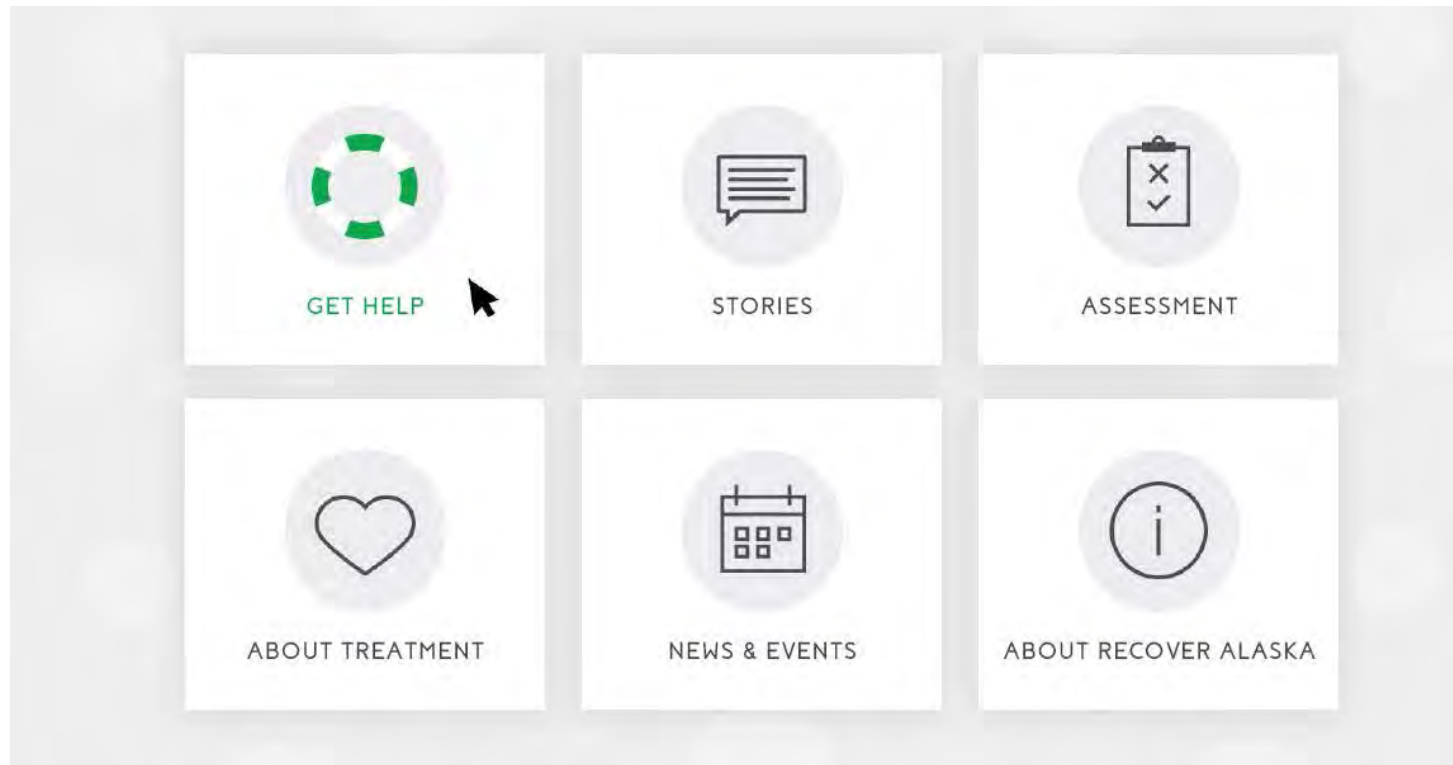
- ✓ SB165 – changes to Title IV
- Remaining revisions to Title IV
- Alcohol tax increase



Strategic Communications



Recovery Resource Center



Polling

Started as a brief alcohol poll, but grew to be unwieldy. Currently taking a second look to administer, to better understand perceptions/beliefs/awareness.

What are we missing?

The road ahead...

Once you choose hope, anything is possible. – *Christopher Reeve*

When the world says “give up,” hope whispers “try it one more time.” – *Anonymous*

Where hope would become hopelessness, it becomes faith. – *Robert Brault*

Faith without works is dead. – *James 2:17*



THANK YOU

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