## Medicaid Supports for Trust Beneficiaries

ALASKA COMMISSION ON AGING GOVERNOR'S COUNCIL ON DISABILITIES AND SPECIAL EDUCATION ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE ALASKA MENTAL HEALTH BOARD

## Medicaid in Alaska

 Administered by the Department of Health and Social Services (DHSS), the Alaska Medicaid program provides health care coverage for eligible low-income individuals including children, pregnant women, individuals with disabilities, elderly, parents of eligible children, and other eligible adults.

- The Alaska Medicaid program was expanded in September 2015 to improve access to health care services throughout the state.
- In SFY 2019, Alaska Medicaid provided coverage to approximately 251,499 beneficiaries with total expenditures of approximately \$2.26 billion.

Source: DHSS: Alaska Medicaid Access Monitoring Review Plan, 2019



#### Alaska Department of Health and Social Services Division of Public Assistance

| MAGI MEDICAID INCOME ELIGIBILITY STANDARDS – FPL BASED<br>Effective 4/01/2020 |                |   |   |                       |  |
|---|----------------|---|---|-----------------------|--|
| Household Size  | Pregnant Women | Children-Under age 19<br>With Insurance | Children-Under<br>age 19<br>Without Insurance | Expansion Group       |  |
|   | 200% of FPL    | 177% of FPL                             | 203% of FPL                                   | 133% of FPL           |  |
| 1   | n/a            | \$2,353                                 | \$2,699                                       | <b>\$1,768</b>        |  |
| 2   | \$3,592        | \$3,179                                 | \$3,646                                       | \$2,389               |  |
| 3   | \$4,525        | \$4,005                                 | \$4,593                                       | \$3,010               |  |
| 4   | \$5,459        | \$4,831                                 | \$5,541                                       | \$3,630               |  |
| 5   | \$6,392        | \$5,657                                 | \$6,488                                       | \$4,251               |  |
| 6   | \$7,325        | \$6,483                                 | \$7,435                                       | \$4,872               |  |
| 7   | \$8,259        | \$7,309                                 | \$8,383                                       | \$5,492               |  |
| 8   | \$9,192        | \$8,135                                 | \$9,330                                       | <mark>\$6</mark> ,113 |  |
| Each  | \$934          | \$826                                   | \$948   | \$621                 |  |

## Medicaid Eligibility

#### Modified Adjusted Gross Income (MAGI):

MAGI is adjusted gross income plus untaxed foreign income, non-taxable Social Security benefits, and tax-exempt interest.

**Federal Poverty Level (FPL):** A measure of income issued every year by the Department of Health and Human Services (HHS). Federal poverty levels are used to determine your eligibility for certain programs and benefits, including savings on Marketplace health insurance, and Medicaid and CHIP coverage.

Source: HealthCare.gov, 2020

| OLD AGE AND DISABLED INCOME ELIGIBILITY STANDARDS<br>Effective 4/01/2020 |                        |             |             |             |             |
|--|------------------------|-------------|-------------|-------------|-------------|
| HOUSEHOLD SIZE   | WORKING DISABLED       | QMB         | SLMB BASE   | SLMB PLUS   | QDWI        |
|  | 250% of FPL            | 100% of FPL | 120% of FPL | 135% of FPL | 200% of FPL |
| 1  | \$3,323                | \$1,330     | \$1,595     | \$1,795     | \$2,659     |
| 2  | \$4,490                | \$1,796     | \$2,155     | \$2,425     | \$3,592     |
| 3  | \$5,657                |             |             |             |             |
| 4  | \$6,823                |             |             |             |             |
| 5  | \$7,990                |             |             |             |             |
| 6  | \$9, <mark>1</mark> 57 | •           |             |             |             |
| 7  | \$10,323               |             |             |             |             |
| 8  | \$11,490               |             |             |             |             |
| Each Additional  | \$1,167                |             |             |             |             |

## Medicaid Eligibility Cont.

#### Older age and Disability related Medicaid for:

- Seniors age 65 and older
- People with blindness or other disabilities
- Long Term Care
- Home and Community Based Waiver recipients
- Qualified Disabled and Working Individuals (QDWI)
- Tax Equity and Fiscal Responsibility Act (TEFRA) for children with disabilities at home
- Qualified Medicare Beneficiary (QMB)
- Specified Low-Income Medicare Beneficiary (SLMB)

### **Medicaid Enrollments**

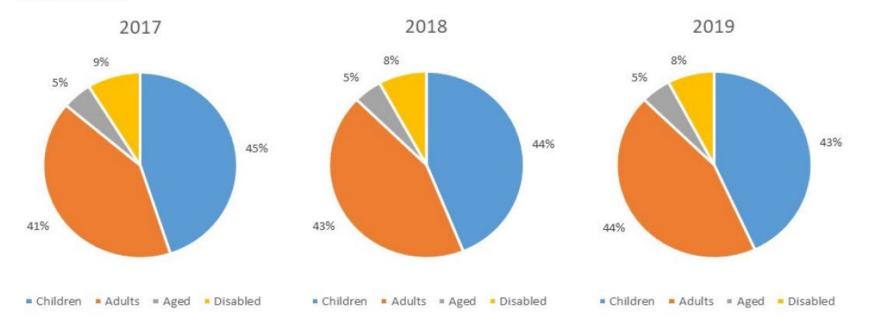
#### Figure 1. ALASKA MEDICAID BENEFICIARY ENROLLMENT BY ELIGIBILITY CATEGORY

| Statewide Beneficiary Enrollment by Eligibility Category |         |         |         |  |
|--|---------|---------|---------|--|
| ELIGIBILITY CATEGORY                                     | 2017    | 2018    | 2019    |  |
| Children   | 104,474 | 106,466 | 108,504 |  |
| Adults   | 95,728  | 105,498 | 111,021 |  |
| Aged   | 11,536  | 11,428  | 12,512  |  |
| Disabled   | 20,590  | 19,394  | 19,462  |  |
| Total  | 232,328 | 242,786 | 251,499 |  |

Source: DHSS: Alaska Medicaid Access Monitoring Review Plan, 2019

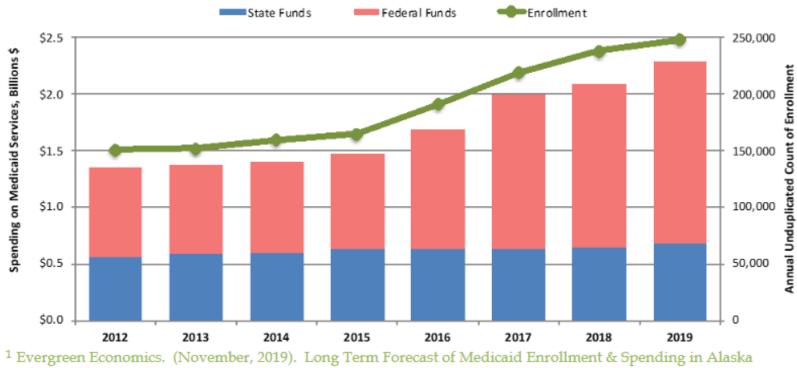
### Medicaid Enrollments Cont.

#### Figure 2. DISTRIBUTION OF ALASKA MEDICAID BENEFICIARY ENROLLMENT BY ELIGIBILITY CATEGORY



Source: DHSS: Alaska Medicaid Access Monitoring Review Plan, 2019

#### Medicaid Enrollment & Spending in Alaska 2012 – 2019 Date of Service Actuals



("MESA"): FY 2020 - FY 2040.

Medicaid Funding

## Medicaid State Plan vs. Waiver Services

• The Medicaid State Plan is an agreement with the Federal government describing how Alaska administers its Medicaid program. The state plan identifies groups of individuals to be covered, services to be provided, methodologies for providers to be reimbursed and the administrative activities that are underway in the state. CMS requires certain Medicaid services and there are also optional services and programs that states can opt into.

 Medicaid waivers are a provision in Medicaid law which allows the federal government to waive rules that usually apply to the Medicaid program. The intention is to allow states to offer services not covered by Medicaid to accomplish certain goals (like cost savings), expand coverage, or improve care for target populations.

## **Medicaid Waivers**

Alaskans Living Independently Waiver (ALI): The ALI Waiver is available to adults age 21 and over who would otherwise require a level of care provided in a nursing facility

Alaska Adults with Physical and Developmental Disabilities Waiver (APDD): Available to persons age 21 and over who have been determined to be Developmentally Disabled through an assessment process conducted by the SDS Intellectual and Developmental Disabilities Unit, but who have nursing needs that would otherwise be provided in a nursing facility.

**The Child with Complex Medical Conditions (CCMC):** Serves children and young adults under the age of 22 years who experience medical fragility and are often dependent on frequent life-saving treatments or interventions and/ or are dependent on medical technology. These children would otherwise be require a level of care provided in an acute care hospital or a nursing facility.

## Medicaid Waivers (Cont.)

**Intellectual and Developmental Disabilities Waiver (IDD):** Covers services for children and adults with IDD. Services are based on the needs of each individual, including but not limited to services such as supported employment, in-home supports, supported living, community inclusion (day habilitation) and respite care.

**Individualized Supports Waiver (ISW):** Covers services for children and adults with IDD. Services include in-home supports, supported living, community inclusion (day habilitation), respite care, intensive active treatment, chore services, non-medical transportation, and supported employment.

## Medicaid Waivers (Cont.)

**1115 Behavioral Health Medicaid Waiver (1115):** A 5-year demonstration project for Alaskans experiencing serious mental illness, severe emotional disturbance, substance use disorder (SUD), co-occurring substance use and mental illness, and at-risk families and children. The waiver offers a wide range of new services including early interventions, outpatient services, acute intervention services, residential and inpatient services.

**1135 Wavier (1135):** When the President of the United States declares an emergency and the Health and Human Services Secretary declares a public health emergency under Section 319 of the Public Health Service Act, an 1135 Waiver can take effect to help provide more flexibility in the rules governing health care services during an emergency situation or a natural disaster.

## Medicaid Supports

I/DD Home and Community **Based Services S** the Developmental Disabilities **Shared Vision** 

DD Shared Vision: Alaskans share a vision of a flexible system in which each person directs their own supports, based on their strengths and abilities, toward a **meaningful life** in their home, their job and their community. Our vision includes supported families, professional staff and services available throughout the state now and into the future.

"I live the life I choose with supports that I direct."

### Developmental Disability Eligibility

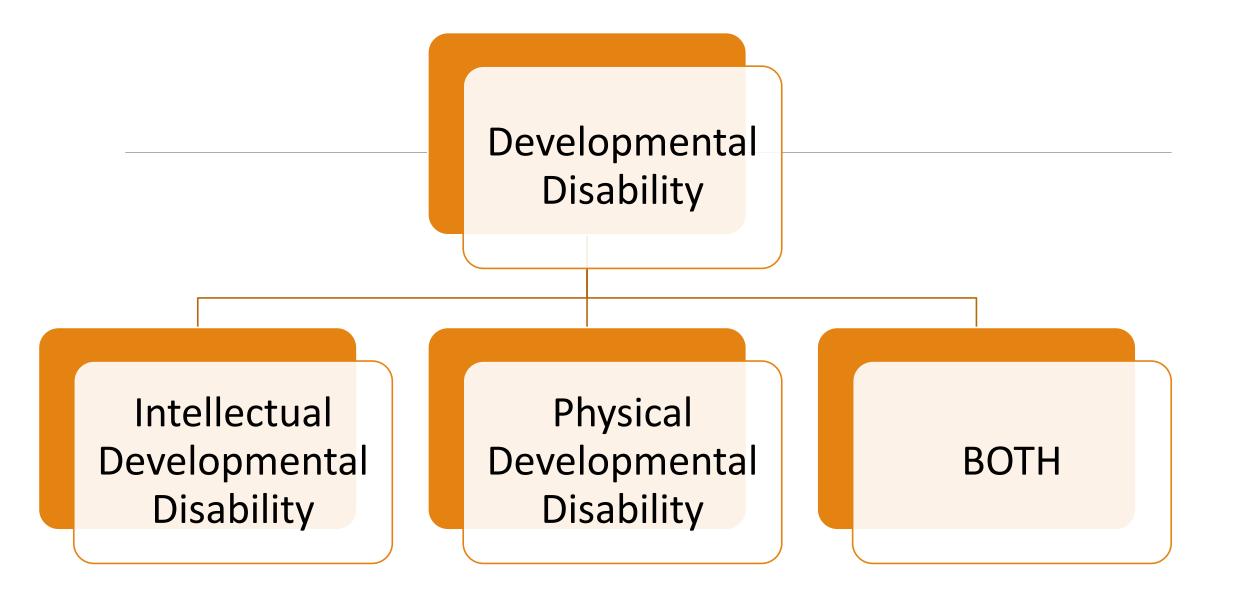
Be determined through the <u>Developmental Disability Determination</u> <u>Application</u> to experience a developmental disability (DD) as defined by <u>Alaska state law (AS 47.80.900(6)</u>:

•(6)"person with a developmental disability" means a person who is experiencing a severe, chronic disability that:

A) is attributable to a mental or physical impairment or combination of mental and physical impairments;
B) is manifested before the person attains age 22;
C) is likely to continue indefinitely;
D) results in substantial functional limitations in three or more of the following areas of major life activity:

- self-care
- learning
- mobility
- expressive and receptive language
- self-direction
- capacity for independent living
- economic self-sufficiency; and

E) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated;



## Developmental Disability Registration and Review (DDRR)

- •Process to obtain service score to be drawn for I/DD waiver
- •50 individuals are pulled for waiver annually
  - A few years ago this was 200 annually
- •DDRR workgroup wording and weighting of DDRR questions
- •Registry (aka Waitlist) = 802 individuals (as of Nov. 2020)
  - FY19 Registry Report:

http://dhss.alaska.gov/dsds/Documents/dd/2019ddregistryreport.pdf

### I/DD vs. ISW

I/DD = Intellectual//Developmental Disabilities

ISW = Individualized Supports Waiver

| Service Category              | Approximate<br>Hourly Cost |
|-------------------------------|----------------------------|
| Day Habilitation              | \$43.92                    |
| Supported Living (18 & older) | \$43.72                    |
| In-home Supports (17 & under) | \$43.72                    |
| Supported Employment          | \$49.68                    |
| Respite                       | \$25.68                    |
| Chore Services                | \$27.48                    |
| Intensive Active Treatment    | \$91.76                    |
| Transportation (per trip)     | \$15.11                    |

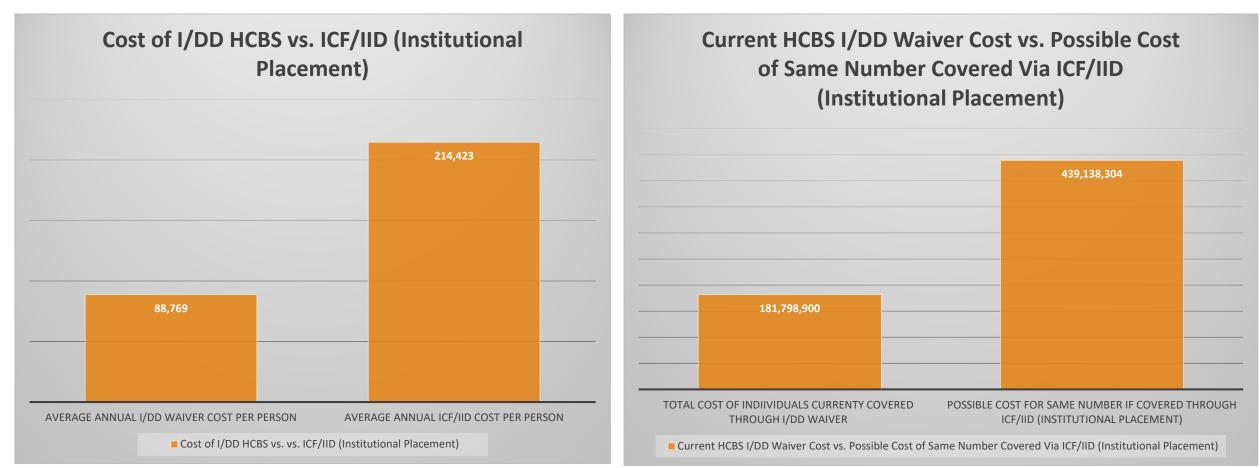
#### Key difference: ISW has an annual cap of \$17,500

| Service                                      | IDD Waiver | ISW         |
|--|------------|-------------|
| Care Coordination*                           | Х          | Х           |
| Residential Habilitation (4 services)        |            |             |
| <ul> <li>Family Habilitation</li> </ul>      | Х          |             |
| Group Home                                   | Х          |             |
| <ul> <li>In-Home Supports &lt; 18</li> </ul> | Х          | X (limited) |
| <ul> <li>Supported Living &gt;18</li> </ul>  | Х          | X (limited) |
| Day Habilitation                             | Х          | Х           |
| Respite                                      | Х          | Х           |
| Supported Employment                         | Х          | Х           |
| Chore  | Х          | Х           |
| Environmental Modifications                  | Х          |             |
| Intensive Active Treatment (IAT)**           | Х          | Х           |
| Meals  | Х          |             |
| Nursing Oversight and Care Management        | Х          |             |
| Specialized Medical Equipment                | Х          |             |
| Specialized Private Duty Nursing             | Х          |             |
| Transportation                               | Х          | Х           |

\*Care Coordination on the ISW is in addition to the individuals cost limit.

## Importance of Home and Community Based Service (HCBS) Waivers

- . HCBS are central to living meaningful lives and quality of life
- HCBS decrease chances of contracting COVID-19 and dying (individuals with DD are often in the "high risk" category)
  - In Alaska, not having access to HCBS is likely to result in out of state placement for Alaskans with developmental disabilities leaving their families and communities for an institutional setting and greater pandemic risks.
- HCBS are cost saving for Alaska and the federal government when compared with institutional care



Currently, 2,048 individuals receive HCBS I/DD waiver services in Alaska Average cost of \$88,769 per waiver, at a total cost of just under \$182 million.

If these 2,048 individuals were in an institution (ICF/IID), at an average cost of \$214,423 per person annually, the total cost for serving these individuals could be around \$439 million.

#### Cost of Institutional Care without Home and Community Based Waiver Services Options

SFY 2019 Costs by Funding Source and Average Cost per Person by Service Type (based on FY 2019 Final Auth Report and number of people for whom services were rendered during FY 2019)

| Program  | # served | Avg cost per person | Total costs   |
|--|----------|---------------------|---------------|
| Home & Community Based Waivers                 |          |                     |               |
| ALI Waiver                                     | 2,005    | \$35,505            | \$71,188,286  |
| APDD Waiver                                    | 105      | \$96,158            | \$10,096,600  |
| CCMC Waiver                                    | 217      | \$40,775            | \$8,848,129   |
| IDD Waiver                                     | 2,048    | \$88,769            | \$181,798,859 |
| ISW Waiver                                     | 244      | \$3,315             | \$808,916     |
| TOTAL HCB Waivers                              |          |                     | \$272,740,790 |
| Institutional Placements                       |          |                     |               |
| Nursing Home                                   | 918      | \$171,904           | \$157,807,857 |
| ICF/IID  | 14       | \$214,423           | \$3,001,924   |
| TOTAL Institutional Placements                 |          |                     | \$160,809,781 |
| TOTAL HCB Waivers and Institutional Placements |          |                     | \$433,550,571 |

|  |       | Total cost based on average cost per person |
|--|-------|---|
| Institutional Placements if no HCB Waiver services existed – FY2019                              |       | for NH and ICF/IID services                 |
| Nursing Home + ALI, APDD and CCMC Waiver service recipients                                      | 3,245 | \$557,828,427                               |
| ICF/IID + IDD and ISW Waiver service recipients  | 2,306 | \$494,459,837                               |
| TOTAL if HCB Waivers did not exist and individuals eligible for Nursing home or ICF/IID care rec | eived | · · · · · · · · · · · · · · · · · · ·       |
| services in Institutional Placements (ICF/IID is based on current out of state placement).       |       | \$1,052,288,263                             |

Data Source: State of Alaska Automated Budget System, Final Auth 19 report, COGNOS

IDD Waiver Services vs. Institutional Care

#### ALI = Alaskans Living Independently; APDD = Adults with Physical and Developmental Disabilities; IDD = Intellectual and Developmental Disabilities; CCMC = Children with Complex Medical Conditions; ISW = Individualized Supports Waiver

| WAIVER SERVICES<br>Alaska's five Medicaid waivers support the independence of Alaskans who experience physical or developmental<br>disabilities by providing services in their homes and in the community rather than in an institution such as a nursing home.<br>Each waiver covers a different set of services. Which services are available depend on a person's age and where<br>the person lives.<br>Services approved for each waiver are marked with a ✓; FT=full time; PT=part time; ALH=assisted living home. | ALI | APDD | IDD | CC<br>MC | ISW |
|---|-----|------|-----|----------|-----|
| *** Care coordination: All waivers require clients to work with a care coordinator. Your care coordinator will work with you to identify which services you need, and make sure that you get them.  | *** | ***  | *** | ***      | *** |
| In-home supports: Help to get, keep or improve self-help and social skills; live FT with unpaid caregiver, for ages <18.  |     |      | 1   | × -      | 1   |
| Family habilitation: Help to get, keep or improve self-help and social skills; live FT in the licensed home of a paid caregiver.  |     | 1    | ~   | 1        |     |
| Group home: Help for ages 18+ to get, keep or improve self-help and social skills; live FT in a licensed ALH.   |     | ×    | 1   | 1        |     |
| Supported living: Help for ages 18+ to get, keep or improve self-help and social skills; live FT in your own residence.   |     | 1    | ~   | × -      | 1   |
| Residential supported living: Help with activities of daily living for adults who can't live alone & are FT in<br>a licensed ALH.   | ~   | ~    |     |          |     |
| Day habilitation: Recreational, other activities outside the home to develop self-help and social skills for community life.  |     | ×    | ~   | × -      | 1   |
| Adult day services: Group adult day care provided by an organization.   | 1   | ×    |     |          |     |
| Respite: Occasional breaks for unpaid caregivers.   | 1   | 1    | 1   | 1        | 1   |
| Supported employment: Training, support, and supervision to help keep a job.  |     | ×    | ✓   | ✓ _      | × - |
| Transportation: To access community resources and activities.   | 1   | 1    | ~   | 1        | ~   |
| Environmental modifications: Health- and safety-related home modifications.   | 1   | ×    | ~   | <        |     |
| Chore services: Regular cleaning and heavy household chores in a home where no one else can do the work.  | ~   | 1    | ~   | <b>~</b> | ~   |
| Meals: Food for 18+ at home or in a group setting other than an ALH.  | 1   | 1    | 1   | 1        |     |
| Specialized medical equipment and supplies: Help to communicate, perform daily activities and access the community.   | ~   | 1    | 1   | 1        |     |
| Nursing oversight: A registered nurse ensures that care of a medical nature is delivered safely.  |     |      | 1   | 1        |     |
| Intensive active treatment: Professional treatment/therapy for ages 21+ to prevent behavior regression or to address a family, personal, social, mental, behavior, or substance abuse problem.  |     | 1    | ~   | 1        | ~   |
| Specialized private duty nursing services: Continuous services for ages 21+ by a licensed nurse, specific to your needs.  | 1   | 1    | 1   |          |     |

### Other Medicaid Supports

#### **Community First Choice Program (CFC)**

The "Community First Choice Option" allows States to provide home and community-based attendant services and supports to eligible Medicaid enrollees. This program is referred to as a "1915(k)" State Plan option.

To be eligible for CFC in Alaska, participants must meet the same institutional level of care that makes them eligible to receive home and community-based waiver services. CFC offers participants autonomy in managing their care, and allows the State to receive a higher percentage of federal financing for that care.

#### What does Community First Choice program include?

- Help with activities of daily living (like bathing, personal hygiene, and dressing)
- Help with Instrumental activities of daily living (like laundry, shopping and cleaning your home)
- Training to help manage your personal care assistant
- Training to help recipients to be more independent
- Supervision and reminders
- Case Management
- Personal emergency response system
- A Person Centered Support Plan

Other Medicaid Supports (Cont.)

#### **Personal Care Services (PCS)**

Personal Care Services provides Alaskans with assistance with Activities of Daily Living (ADLs) (such as eating, dressing, and toileting) and Instrumental Activities of Daily Living (IADLs) (such as meal preparation and assistance with medications).

To be eligible for PCS in Alaska, participants must require assistance with a minimum of one ADL or IADL. This is determined via a functional assessment. Disability must be verified with supporting medical documentation. PCS is an optional Medicaid service in the State Plan.

PCS recipients also need to financially qualify to receive regular Medicaid in Alaska, as opposed to nursing home Medicaid or Home and Community Based Services (HCBS) Medicaid Waivers.

PCS is provided statewide in Alaska through private agencies. The PCS program is overseen by Senior and Disabilities Services at the Department of Health and Social Services.

Other Medicaid Supports (Cont.) How can Seniors find out if they are eligible for services?

First, call or visit an Aging and Disability Resource Center (ADRC) or Developmental Disabilities Resource Connection (DDRC) to identify the types of programs you may qualify for.

For information about ADRC's visit: <u>http://dhss.alaska.gov/dsds/pages/adrc/default.aspx</u>

ADRC staff will help arrange an assessment to find out what the medical and functional needs are of the applicant. If they are found eligible for services, a care coordinator will help to develop a support plan for services.

To learn what services are available in Alaska, visit the Provider Search Tool: <u>https://akaccesspoint.com/SitePages/Home.aspx</u>

| Early Intervention &<br>Engagement Services | Outpatient Services                         | Acute Intervention Services   | Residential &<br>Inpatient Services  |  |
|---|---|---|--|--|
|   | Screening & Assessment                      |   | ASAM 3.2 – WM Clinically Managed<br>Residential Withdrawal Management      |  |
|   | Community Recovery Support Services         |   | ASAM 3.7 – WM Medically Monitored  |  |
|   | Intensive Cas                               | e Management  | Inpatient Withdrawal Management  |  |
|   | Opioid Treat                                | ment Services   | ASAM 4 – WM Medically Managed<br>Intensive Inpatient Withdrawal Mgmt.      |  |
|   | Substance Use (                             | Care Coordination   | ASAM 3.1 – Clinically Managed Low-   |  |
|   | ASAM 1 – WM & 2-WM Ambulatory               | Mobile Outreach & Crisis Response   | Intensity Residential  |  |
|   | Withdrawal Mgmt.                            | Peer-Based Crisis Services  | ASAM 3.3 – Clinically Managed, Population<br>Specific, High-Intensity Res. |  |
|   | Mobile Outreach & Crisis Response           |   | ASAM 3.5 – Clinically Managed Medium                                       |  |
|   | ASAM 2.1 - Intensive Outpatient<br>Programs | 23-Hour Crisis Observation &<br>Stabilization                                 | (Youth) & High (Adult) Intensity Res.                                      |  |
|   | ASAM 2.5 – Partial Hospitalization          | Short-term Crisis Stabilization   | ASAM 3.7 – Medically Monitored Intensive<br>Inpatient Services             |  |
|   | Screening & Assessment                      |   | ASAM 4. 0 – Medically Managed Intensive<br>Inpatient Services              |  |
|   |   | Medication Assisted Treatment   | inpatient services   |  |
|   | Targeted Case Management                    |   | Innotiont Develoption Lipspitalization                                     |  |
|   |   |   | Inpatient Psychiatric Hospitalization                                      |  |
|   |   | Individual, Group & Family Therapy  |  |  |
|   | Pharmacologic                               | Pharmacological Management  |  |  |
|   | Medication A                                | Administration  |  |  |
|   | Psycholog                                   | ical Testing  |  |  |
| Alcohol Safety Action Program               | DBH Treatment & Recovery Gr                 | ant-Funded Programs including: Psychiatr<br>Employment & Best Practice Models | ic Emergency Services, Housing,  |  |
| 📕 1115 Waiver 📕 Medicaid state pla          | an Grant-funded                             |   | Department of Health & Social Services<br>Division of Behavioral Health    |  |

#### DHSS Substance Use Disorder Continuum of Care INDIVIDUALS 12 YEARS AND OLDER

1115 Waiver

State Plan and

**Grant Services** 

Services vs.

#### DHSS Mental Health Continuum of Care AT-RISK CHILDREN & ADOLESCENTS AGES 0-21

| Early Intervention &<br>Engagement Services | Outpatient Services  | Acute Intervention Services  | Residential &<br>Inpatient Services                                     |  |
|---|--|--|---|--|
|   | Screening & Assessment   |  |   |  |
|   | Community Recovery Support Services                              |  | Children's Residential Treatment<br>Services ASAM Level 1               |  |
| Home-based Family Treatment 1               | Home-based Family Treatment 2                                    | Home-based Family Treatment 3  |   |  |
|   | Therapeutic Tr   | eatment Homes  |   |  |
|   | Intensive Case   | Intensive Case Management  |   |  |
|   | Mobile Outreach  | & Crisis Response  | Crisis Residential Stabilization  |  |
|   | Doutiel Heavitalization Dragness                                 | Peer-Based Crisis Services   |   |  |
|   | Partial Hospitalization Program<br>Intensive Outpatient Programs | 23-Hour Crisis Observation &<br>Stabilization                                  |   |  |
|   |  | Short-term Crisis Stabilization  |   |  |
|   | Screening & Assessment   |  |   |  |
|   | Targeted Case  | e Management   | Children's Residential Treatment  |  |
|   | Individual, Group  | & Family Therapy   | Services ASAM Level 2 (RPTC/PRTF)                                       |  |
|   | Pharmacologic  | al Management  | Inpatient Psychiatric Hospitalization                                   |  |
|   | Medication Administration  |  |   |  |
|   | Psycholog  | ical Testing   |   |  |
| Alcohol Safety Action Program               | DBH Treatment & Recovery Gr                                      | ant-Funded Programs including: Psychiatri<br>Employment & Best Practice Models | c Emergency Services, Housing,  |  |
| 1115 Waiver Medicaid state plan             | Grant-funded   |  | Department of Health & Social Services<br>Division of Behavioral Health |  |

#### DHSS Mental Health Continuum of Care INDIVIDUALS 18 YEARS AND OLDER

| Early Intervention &<br>Engagement Services | Outpatient Services                 | Acute Intervention Services  | Residential &<br>Inpatient Services                                     |
|---|-------------------------------------|--|---|
|   | Screening & Assessment              |  |   |
|   | Community Recovery Support Services |  | Adult Mental Health Residential   |
|   | Intensive Case                      | e Management   |   |
|   | Assertive Comm                      | unity Treatment  |   |
|   | Mobile Outreach                     | & Crisis Response  | Crisis Residential Stabilization  |
|   | Partial Hospitalization Program     | Peer-Based Crisis Services   |   |
|   | Intensive Outpatient Programs       | 23-Hour Crisis Observation &<br>Stabilization                                  |   |
|   |                                     | Short-term Crisis Stabilization  |   |
|   | Screening & Assessment              |  | Inpatient Psychiatric Hospitalization                                   |
|   | Targeted Case                       | e Management   |   |
|   | Individual, Group                   | & Family Therapy   |   |
|   | Pharmacologic                       | al Management  |   |
|   | Medication A                        | dministration  |   |
|   | Psycholog                           | ical Testing   |   |
| Alcohol Safety Action Program               | DBH Treatment & Recovery Gr         | ant-Funded Programs including: Psychiatri<br>Employment & Best Practice Models | c Emergency Services, Housing,  |
| 1115 Waiver Medicaid state plar             | Grant-funded                        |  | Department of Health & Social Services<br>Division of Behavioral Health |

## 1135 Medicaid Waiver

Centers for Medicare and Medicaid Services (CMS) offered all states a blanket waiver starting March 1, 2020, which will remain in effect until the end of the emergency declaration (Currently January 20, 2021)

Some of the CMS COVID-19 Emergency Blanket Waiver flexibilities include:

- Flexibility for Telehealth Services.
- Provider Enrollment, Billing, Service Locations and Appeals.
- Physical Environment Providers/Suppliers.
- Ambulance Services.
- Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS).
- Flexibilities for many types of care facilities including hospitals, Community Mental Health Clinics, Intermediate Care Facilities for Individuals with Intellectual Disabilities, among many others.

For more detailed information, please go to: <u>https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf</u>

## 1135 Medicaid Waiver

CMS also allowed States to request approval for specific regulations through a 1135 Waiver. Alaska's 1135 Waiver was approved on April 2, 2020 and some of these flexibilities include:

- Temporarily suspending Medicaid fee-for-service prior authorization requirements and extending preexisting authorizations.
- Suspending pre-admission screening and Annual Resident Review (PASRR) Level I and Level II Assessments for 30 days.
- Waive certain screening requirements for provider enrollments such as application fees, site inspections, in-state/territory requirements.
- Waive requirements to obtain beneficiary and provider signatures of HCBS Person-Centered Service Plans and temporarily allow services be provided in settings that have not been determined to meet the home and community-based settings criteria.

For more detailed information, please go to: <u>https://www.medicaid.gov/state-resource-center/disaster-resources/89136</u>

## Beneficiary Stories



## Corey's Story





## Nona's Story



from the Alaska Commission on Aging



## Charlene's Story



# Wrap-Up & Questions/Comments?

## Other Updates



## **Council Update**

State 5-Year Plan DRAFT: <u>http://dhss.alaska.gov/gcdse/Documents/StatePlanGoalsObjectives--</u> 2022-2026.pdf

Public Comment Closes December 4<sup>th</sup>: <u>https://www.surveymonkey.com/r/JS6WF3H</u>

#### **Employment Efforts:**

- Empowerment Through Employment Guide Launched: http://dhss.alaska.gov/gcdse/Documents/EmpowermentThroughEmployment.pdf
- Employment First Progress Reporting- Data Dashboard
- Alaska Work Matters Task Force
- Telework Statement



## **Commission Update**



- Hired new executive director, Lisa Morley!
- Offered three COVID 19 informational meetings with a total of 600 participants. Our featured speaker for each Zoom meeting was Dr. Zink.
- Continue to work on the plan for rural outreach with our new staff member Michelle Rogers.
- Offered training to Commission members in our September meeting and have plans for training for our December meeting.
- Working with the Mature Alaskans Seeking Skills Training (MASST) program to find work sites for the over 60 seniors who are interested in being in the program.
- Working with the Department of Labor to ensure seniors have senior friendly tools while looking for jobs.
- The Commissioners are working on legislative priorities for the upcoming session.



## **Boards Update**

- New Executive Committee starting in December Sharon Clark, AMHB Chair Renee Schofield, ABADA Chair
- Recruiting applicants for open Board seats AMHB: Attorney, BH Professional, Public seat ABADA: Public seat
- AMHB/ABADA Legislative Advocacy Committee is formed and will start meeting soon to set legislative priorities for the Boards.