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# Development of a Comprehensive Implementation Plan for 1915(i) and 1915(k) Options for the State of Alaska

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Steering Committee Presentation

October 27<sup>th</sup>, 2015

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# Introductions

Shane Spotts, Principal,  
Health Management Associates

Division of Seniors and Disabilities Services Staff

Steering Committee Members

## About Us

- Our core LTSS consulting team includes former state Medicaid directors, directors of home and community-based services (HCBS), PACE experts and practicing clinicians
- Over 190 team members across the United States, 16 offices

## **Long-Term Services and Supports Current Work**

- HMA is working with states, health plans and direct service providers – including HCBS providers -- to reshape delivery and financing structures in the context of new policies and economic realities.
- We are also supporting advocacy groups and other stakeholders in understanding and responding to the changes sparked by federal health reform.

# State Plan Options Overview

## 1915(i) Background

## 1915(i) State Plan HCBS – Key Features

- Section 1915(i) established by DRA of 2005, effective January 1, 2007
- State option to amend the state plan to offer HCBS as a state plan benefit
- Breaks the “eligibility link” between HCBS and institutional care now required under 1915(c) HCBS waivers
- Section 2402(a) of the ACA modified 1915(i), changes effective October 1, 2010
- Final Rule issued March 2014

## Eligibility for 1915(i) State Plan HCBBS

- Must be eligible for medical assistance under the State plan
- Must reside in the community
- Must have income that does not exceed 150% of Federal Poverty Level
- Through changes included under the Affordable Care Act, states also have the option to include individuals with incomes up to 300% of SSI and who are eligible for a waiver (institutional LOC)

## Needs Based Criteria

- Must meet needs-based criteria (e.g., ADLs, IADLs)
- The lower threshold of needs-based eligibility criteria must be “less stringent” than institutional and HCBS waiver LOC
- But there is no implied upper threshold of need
- The universe of individuals served:
  - Must include some individuals with less need than institutional Level of Care (LOC)
  - and May include individuals at institutional LOC, (but not in an institution)



## Targeting Benefits

- 1915(i) state plan option waives comparability of benefits but not state-wideness
- Allows targeting of HCBS benefits to populations
  - May include state-defined risk factors including behavioral, memory, judgement, or cognitive concerns
  - Needs and targeting criteria based on individualized assessment
- CMS can approve SPA for states electing to target benefits for 5 year period
- Renewable for subsequent 5-year periods if:
  - CMS determines that state met federal and state requirements
  - State's monitoring is in accordance with Quality Improvement Strategy in the state's approved SPA

## 1915(i) Covered Services

- Case Management
- Homemaker Services
- Home Health Aide
- Personal Care
- Adult Day Health
- Habilitation
- Respite Care
- For Chronic Mental Illness:
  - Day treatment or Partial Hospitalization
  - Psychosocial Rehab
  - Clinic Services

ACA revised 1915(i) to allow “such other services requested by the state as the Secretary may approve”, for example:

- Behavioral Supports
- Cognitive Rehabilitative Therapy
- Crisis Intervention
- Exercise and Health Promotion
- Health Monitoring
- Housing Counseling
- Assistive Technology
- Live-In Caregiver Payment
- Family Training

## **Self-Direction in 1915(i)**

- State Option
- Modeled on 1915(c) application
- May apply to some or all 1915(i) services
- May offer budget and/or employer authority
- Specific requirements for the service plan

## State Requirements

- Independent Evaluation to determine program eligibility
- Individual Assessment of need for services
- Individualized Plan of Care
- Projection of number of individuals who will receive State plan HCBS
- Payment methodology for each service
- Quality Improvement Strategy: States must ensure that HCBS meets Federal and State guidelines
- HCBS settings must comport with HCBS Final Rule

# State Plan Options Overview

## 1915(k) Background

## 1915(k) State Plan – Key Features

- Section 2401 of the ACA established Section 1915(k) of the SSA
- Community First Choice (CFC): New state plan option to provide consumer-directed home- and community-based attendant services and supports
- Provides 6 percentage point increase in FMAP
- Final Rule issued May 2012

## Eligibility for Community First Choice

- Individuals eligible for medical assistance under the State plan with income up to 150% of FPL
- Individuals with income above 150% up to 300% using the institutional deeming rules
- Must meet institutional LOC
- May include those in the higher income group and receiving one or more 1915(c) HCBS waiver services

## Covered Services

- Assistance with ADLs/IADLs, and health-related tasks
- Acquisition, maintenance, and enhancement of skills necessary to accomplish ADLs/IADLs/health-related tasks
- Back-up systems or mechanisms to ensure continuity of services and supports
- Voluntary training on how to select, manage, and dismiss staff. May also cover:
  - Transition costs (e.g., rent/utility deposits, bedding, basic kitchen supplies, other items necessary to establish household to transition from a NF or other institution)
  - Expenditures related to need identified in an individual's person-centered plan that increases independence, may substitute for human assistance



## Program Features

- No targeting of benefits
- Services must be provided on a statewide basis
- CFC cannot cover certain assistive devices/technology services, medical supplies & equipment, home modifications
- Room and board not allowed, except for allowable transition services
- Direct cash payments and hiring of legally responsible individuals allowed at state's discretion

## State Requirements

- Must create a Development and Implementation Council that includes majority of members with disabilities, elderly, and their representatives
- Settings must comport with HCBS Final Rule
- Financial Management Services required depending on model of participant direction
  - May be covered as a service, an administrative function, or performed directly by Medicaid agency

## Acronyms

- ACA: Affordable Care Act
- ADLs: Activities of Daily Living
- CFC: Community First Choice
- CMS: Centers for Medicare and Medicaid
- DRA: Deficit Reduction Act
- FMAP: Federal Medical Assistance Percentage
- FPL: Federal Poverty Level
- HCBS: Home- and Community-Based Services
- IADLs: Instrumental activities of daily living
- LOC: Level of Care
- SPA: State Plan Amendment
- SSA: Social Security Act

## Project Plan Overview

- Twelve Tasks
- Multiple Deliverables

## **Task 1 and 12 - Project Planning and Project Management**

- Develop detailed project work plan/update plan as needed
- Make recommendations related to Agency's timeline
- Participate in two in-person project planning meetings and regular meetings with Project Manager to track progress
- Present initial project plan to Steering Committee and participate in monthly meetings thereafter
- Provide technical assistance to Project Manager, agency IT staff and Steering Committee for project duration
- Maintain and up to date Website for stakeholder reference
- Coordinate with relevant State contractors

## Task 2 – Stakeholder Input Process

- Form a 1915 (i) and (k) Development and Implementation Council – majority consumers and their representatives
- With the Council, host an in-person focus group and community forum in each of the following communities: Anchorage, Barrow, Bethel, Fairbanks, Juneau, Kenai, Ketchikan, and Nome
- Identify number of individuals affected if options are adopted:
  - individuals currently receiving services that would be affected by options,
  - individuals newly eligible for service due to Medicaid expansion,
  - individuals not currently receiving services who would be eligible under 1915(i) option

## Task 3 – Review of Regulations

- Make recommendations to ensure regulations are in compliance with Olmstead and state-wideness requirements
- Summarize CMS rules related to implementation including Person-Centered Planning, Conflict-Free Case Management, and Settings Rule
- Conduct environmental scan of at least 4 states' planning and implementation processes, best practices, lessons learned
- In environmental scan, include states that previously had minimal services for adults with brain injury, implemented 1915 (i) and (k) options that included this population
- Summarize detailed changes to AK statutes and regulations required to implement 1915 (i) and (k)

## **Task 4 - Review of Current Operations**

- Summarize current Medicaid-funded and state-funded services including but not limited to HCBS delivery models and infrastructure
- Provide a detailed description of existing management information and technology systems
- Analyze key system changes in Medicaid delivery needed to meet objectives of the implementation plan
- Prepare a detailed summary of current rate structures



## **Task 5 - Identify Eligibility/Resource Allocation Criteria and Target Populations**

- Prepare a detailed, written analysis of recommended eligibility criteria, target populations, resource allocation approaches, and implementation tailored to AK
- Project the numbers of unduplicated individuals for each target population for the 1915(i) option

## **Task 6 – Environmental Scan of Functional Assessment Tools**

- Identify a list of functional assessment tools for consideration
- Evaluate at least 5 assessment tools highlighting:
  - features
  - benefits
  - limitations
  - provider and client satisfaction
  - target population for use
  - cost of tool
  - system change requirements for use
  - cost of system changes required

## Task 7 – Determine Service Package

- Prepare a detailed analysis of service plan options available to AK that includes identification of
  - current Medicaid State Plan and 1915(c) services that can and cannot be migrated into 1915(i) and 1915 (k)
  - current services funded by State general funds to be incorporated into options
  - new services/supports to be covered under options for each target population
  - changes to initial intake, screening, assessment and service authorization practices with focus on establishing common data elements across target populations
- Propose state regulatory changes related to rate structures, etc.

## **Task 8 – Establish Quality Assurance and Improvement Plan**

- Map existing quality management infrastructure with recommended procedures for monitoring eligibility determination, assessment, services planning, service delivery, and provider monitoring
- Analyze AK and other states' patient satisfaction survey tools; recommend a tool that will meet the needs of the State and CMS

## **Task 9 - Develop a Provider Manual/Conditions of Participation**

- Prepare a written document that contains at minimum:
  - Introduction
  - Values/Core Principles
  - Eligibility and Enrollment
  - Person-Centered Planning and Service Delivery
  - Define proposed HCBS services to comport with 1915 (i) and 1915 (k) state plan options
  - List of specified appendices

## Task 10 – Cost Impact Analysis

- Prepare a cost impact analysis of implementing the 1915 (i) and (k) amendments, taking into account eligibility criteria, target populations, and service packages. Include maintenance of effort analysis, estimation of the additional costs of the amendments, and estimates of cost savings.
- This deliverable will be based upon state fiscal year and will cover the first 5 years of implementation.

## Task 11 - Develop Implementation Plan

- Implementation plan containing summaries of the planning effort, all prior deliverables, approvals and rules, operations infrastructure, and the following:
  - Plan and timeline for communications with participants and providers
  - Plan and timeline for transitioning the waiver and PCA services to the HCBS and CFC program
  - Plan and timeline for transitioning grant program services to the HCBS program

# HEALTH MANAGEMENT ASSOCIATES

Version: 9/30/2015

Project Management Schedule Showing the Principal Tasks Associated with 1915(i) and (k) Implementation in Alaska.  
 (Yellow bars should each be reviewed for an earlier start, if feasible. Area enclosed by vertical red lines = relative inactivity).

ID	Task Name	Start	Finish	2015												2016												2017											
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul								
1	Communications plan finalized	4/15/2015	5/15/2015	Communications plan finalized																																			
2	Draft RFP to Steering Committee	5/1/2015	5/1/2015	Draft RFP to Steering Committee																																			
3	Issue monthly E-Alerts, update websites, etc.	6/29/2015	6/30/2017	Issue monthly E-Alerts, update websites, etc.																																			
4	Advertise RFP	7/14/2015	8/4/2015	Advertise RFP																																			
5	Evaluate proposals	8/5/2015	8/11/2015	Evaluate proposals																																			
6	RFP awarded	8/25/2015	8/25/2015	RFP awarded																																			
7	Study by Consultant	9/21/2015	7/1/2016	Study by Consultant																																			
8	Steering Com. Mtg.	10/27/2015	10/27/2015	Steering Com. Mtg.																																			
9	CFC council formed	10/28/2015	10/28/2015	CFC council formed																																			
10	Focus groups/community forums	10/29/2015	12/15/2015	Focus groups/community forums																																			
11	System implementation	10/3/2016	3/31/2017	System implementation																																			
12	SDS regulation changes (90 days)	10/3/2016	1/2/2017	SDS regulation changes (90 days)																																			
13	BH regulation changes (90 days)	10/3/2016	1/2/2017	BH regulation changes (90 days)																																			
14	DJJ regulation changes (90 days)	10/3/2016	1/2/2017	DJJ regulation changes (90 days)																																			
15	OCS regulation changes (90 days)	10/3/2016	1/2/2017	OCS regulation changes (90 days)																																			
16	Draft State Plan Amendment	10/3/2016	10/31/2016	Draft State Plan Amendment																																			
17	Strategic framework complete	11/1/2016	11/1/2016	Strategic framework complete																																			
18	Tribal consultation (NLT 60 days)	11/2/2016	1/2/2017	Tribal consultation (NLT 60 days)																																			
19	Obtain CMS Approval	1/3/2017	7/3/2017	Obtain CMS Approval																																			
20	Prepare Info for Commissioner	1/16/2017	1/16/2017	Prepare Info for Commissioner																																			
21	Staff training	3/31/2017	6/30/2017	Staff training																																			
22	Go Live	7/3/2017	7/3/2017	Go Live																																			



# Implementation Risks

- A few key risks have been identified to implement by Alaska's planned "Go live" date:
  - Aggressive Timeline
  - Staff resources and bandwidth
  - Budget neutrality
  - Legislation

# Implementation Risks

- The transition period under the new HCBS regulations pertaining to meeting HCB characteristics is not available for newly approved 1915(i) or (k) state plan options. Will AK have sufficient compliant providers to support (i) and (k)? There may be a need to explore work-arounds with CMS.

## Implementation Risks

- Both i and k options have taken some time in the review process, usually over those places where they are different than personal care and c waiver services. The process for submission and approval are not within the states control and could alter the implementation plan.

## Questions?

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