ALASKA DEPARTMENT OF HEALTH

PLAN FOR ERADICATING THE INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (IDD) WAITLIST

December 20, 2022

Created in compliance with House Bill 281 (2022) and submitted to the Alaska Legislature by December 20, 2022

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I. Executive Summary

In House Bill 281 (2022), section 1, the Alaska Legislature included intent language for the Department of Health, Division of Senior and Disabilities Services (SDS) to develop a plan for permanently eradicating the waitlist for IDD (Intellectual and Developmental Disabilities) Medicaid waiver services. This report presents a work plan for achieving this goal and estimates the fiscal impact of doing so.

This report was developed through collaboration between SDS staff, stakeholders, and HCBS Strategies, a small consulting firm with a long history of working with Alaska. Stakeholder input was obtained through webinars, a survey, and a dedicated email address. Stakeholder input shaped several sections of this plan, notably including plans to make services more flexible and aligned with the Developmental Disabilities Shared Vision as included in Alaska Statute 47.80.095. Most of the stakeholder suggestions would be addressed in implementing the changes necessary to fulfill this plan. Some suggestions, such as a request that the Department develop a new methodology to calculate Medicaid rates for providers, and increase rates to strengthen the provider base, were beyond the scope of this project.

Because eradicating the waitlist will eliminate one of SDS' primary mechanisms for controlling costs, the plan includes developing new infrastructure to allow SDS to manage costs. This infrastructure includes data-driven mechanisms for 1) assigning service budgets for individual waiver participants (a new resource allocation approach) and 2) refining eligibility criteria (if necessary).

The report presents a detailed work plan for building this infrastructure, which also requires collecting the data necessary for implementation. Implementing this infrastructure and overseeing the larger system will also require additional State and federal dollars.

This report presents a potential five-year work plan to eradicate the waitlist by 2028, as directed by the legislature in HB 281. The report projects costs until 2034. The number of IDD waiver recipients served are projected to nearly double in size to 4,169 individuals. However, the true number is not known due to several factors discussed later in this report.

If the waitlist were to be eradicated using the existing infrastructure for managing the programs, the State spending is projected to increase from a baseline of $72.7 million in SFY2021 to $163.6 million in SFY2034. However, the proposed work plan discussed in section VIII describes infrastructure changes that would allow for the elimination of the waitlist while making the system more efficient, equitable, and person-centered and would lower these costs by up to $40.4 million per year.

The proposed plan with infrastructure changes results in estimated State spending of approximately $123.2 million in SFY2034. This increase of approximately $50.5 million per year is nearly 70% higher than current costs. If these numbers are adjusted for inflation, the total estimated State costs in SFY2034 are $180.6 million, which is $69.9 million higher than spending is projected to be without eradicating the waitlist. Since the fiscal impact model relies on multiple assumptions, the actual costs may be substantially higher or lower.

It is important to note that this work is not able to practically start on this date used as a start date for modeling purposes in this report if the policy decision was made by the legislature to eradicate the

waitlist. It would require legislative action including in the state operating budget which is not currently contemplated. Any dates throughout this report and work plan would need to be adjusted as a result once the legislature and the Governor complete any budgetary and legislative policy decisions.

II. Legislative Mandate

House Bill 281 (2022) included the following language:

"It is the intent of the legislature that the department develop a five-year plan, in collaboration with stakeholders, to eradicate the waitlist for the Intellectual and Developmental Disabilities waiver and to prevent waitlists for other Home and Community Based Waivers, and submit the plan to the Co-Chairs of the Finance Committees and the Legislative Finance Division by December 20, 2022."

This language encompasses both the current waitlist and the removal of waitlists for services for individuals in need of Medicaid home and community-based waiver services, which would include seniors, children with complex medical conditions, and others with disabilities. However, because only the IDD waiver has a waitlist, the report focuses on the impact on people with IDD.

III. Process for Developing the Report

Because the legislation did not appropriate funding for the development of the plan and the tight timeline would have been difficult to meet if a procurement process was necessary, SDS secured the assistance of HCBS Strategies Inc. through an existing contract with the Alaska Mental Health Trust. HCBS Strategies has been providing support to SDS under this mechanism since 2015 and their staff are very familiar with SDS' waiver processes.

HCBS Strategies worked closely with SDS staff to determine the optimal approach for eradicating the waitlist. This process identified potential challenges and solutions to meeting the requirement.

SDS sent out e-alerts to ask for stakeholder input, established a mailbox for receiving input, and held three sessions in which stakeholders were able to provide meaningful feedback. One of the webinars also included a follow-up survey that allowed stakeholders to provide additional input. While stakeholders strongly supported eradicating the waitlist, they expressed concern that the influx of new waiver participants would create further strain on already limited provider capacity, especially for individuals who may be more challenging for providers to serve. They recommended that the plan include addressing these issues by considering service rate increases and adding more flexibility to services, such as adding the ability to control a self-directed budget.

The plan and fiscal impact estimates include most of the stakeholder recommendations except for incorporating rate increases. SDS has recently increased rates and is currently in the process of rebasing rates. Therefore, SDS believes that the discussion about additional rate increases should be a separate decision-making process.

IV. Overview of Processes for Becoming Eligible for IDD Services

A. Overview of Alaska's Waivers Supporting Individuals with IDD

Under Medicaid, most home and community-based services (HCBS) are funded under 1915(c) HCBS Waivers. To be eligible for a waiver, individuals must meet an institutional level of care. For people with

IDD, an institution providing such care would be an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). Alaska has three Medicaid HCBS waivers that are designed for people with IDD:

- The IDD Waiver is the only waiver currently with a waitlist. The waiver provides a broad array of services including but not limited to 24- hour residential habilitation (including group homes), day habilitation, respite, and employment services.
- The Individualized Supports Waiver (ISW) provides most of the same services as the IDD Waiver with the notable exception of 24-hour residential habilitation. It is subject to a cap set by SDS that is currently $20,750 per year. There is currently not a waitlist for this waiver, but SDS expects to apply one in the future as that waiver is nearing capacity. Implementing the proposed plan would prevent this from happening.
- The Adults with Physical and Developmental Disabilities (APDD) Waiver is available for people 21 and over who require nursing care. This waiver does not have a waitlist.

In addition, Alaska offers the Child with Complex Medical Conditions (CCMC) Waiver which serves individuals 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. Many children on this waiver are likely to be considered to have a developmental disability. This waiver does not have a waitlist.

Alaska also offers the Alaskans Living Independently (ALI) HCBS Waiver that targets people 21 and older who meet a nursing facility level of care. This waiver also does not have a waitlist.

B. Eligibility Criteria

To be eligible for an IDD waiver in Alaska, Individuals meet all the criteria for the following processes:

1. Developmental Disabilities (DD) Determination;
2. Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) level of care Determination; and
3. Medicaid financial eligibility

This process is outlined in **Exhibit 1** on page 7.

DD Determination: To meet the DD Determination criteria, as defined in 7 AAC 130.206 and AS 47.80.900 (6) (D), an individual must have a severe and chronic disability that:

1. Is attributable to either a mental or physical disability or both;
2. Occurs before age 22;
3. Is likely to continue indefinitely; and
4. Results in substantial functional limitations in three or more of the following areas of major life activity:
    a. self-care
    b. learning

c. mobility
d. expressive and receptive language
e. self-direction
f. capacity for independent living (over the age of 16)
g. economic self-sufficiency (over the age of 16 and not in school)

5. 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

A substantial functional limitation is defined in the DD Determination Application (DDDA) as "consistently functioning at or near a level that is two standard deviations delayed, or 25% delayed, or functioning at or below the 2nd percentile, compared to the typical functioning of same age peers. Substantial functional limitation must be demonstrated globally in areas of major life activity, as defined in AS 47.80.900 (6) (D). Behavioral reluctance or refusal to perform tasks in an area is not considered a limitation of a person's ability in an area, but rather, a component in the area of self-direction."

SDS relies on documentation submitted by the individual or a representative and does not conduct a standardized assessment for the DD Determination. The DD Determination Application (DDDA) gives the following examples of acceptable documentation:

a. Developmental assessment by Early Intervention/Infant Learning Program,
b. School district special education evaluations and evaluation summaries, known in Alaska as the Evaluation Summary & Eligibility Report (ESER),
c. School district Individual Education Plan (IEP),
d. Individual Family Service Plan (IFSP),
e. Neuropsychological assessment,
f. Psychological assessment,
g. Evaluations from specialists (e.g., occupational, physical, or speech therapy), and
h. Division of Vocational Rehabilitation (DVR) assessments and evaluations

SDS notes on the application that this list is not exhaustive and will accept and review any documentation that includes assessments and evaluations completed by the appropriate professional, to establish a Developmental Disability. SDS does not publish a list of required assessment tools. This allows flexibility for the professional completing the assessment or evaluation and avoids undue hardship on the applicant.

Intermediate Care Facility for Individuals with Intellectual Disabilities Level of Care (ICF/IID Level of Care): To meet the ICF/IID level of care requirement, SDS establishes that the individual meets the criteria outlined under 7 AAC 130.206. This requires:

1) Certification of a qualifying diagnosis including one of the following: intellectual disability; other intellectual disability-related condition; cerebral palsy; seizure disorder; or autism spectrum disorder;
2) A finding that the disability originated before the individual reached 22 years of age, is likely to continue indefinitely, and results in substantial functional limitations to three or more major life activities as defined by regulation; and

3) A score that falls below the Broad Independence cut off on a standardized assessment, the Inventory for Client and Agency Planning (ICAP), for individuals over age 3.

Individuals can qualify for Medicaid waiver services with an income of up to the equivalent of 300% of the SSI Federal Benefit Rate. Alaska has also elected to use an option to be able to disregard parent's income and only consider the child's income and assets when determining financial eligibility.

C. Processes for Accessing IDD Services

SDS refers to its waitlist as the DD Registry. For the IDD waiver, the individual must also submit a Developmental Disabilities Registration and Review (DDRR) form, which determines the individual's criticality of need and therefore their placement on the Registry in score order. This DDRR must be completed every year to remain on the waitlist. Removal from the waitlist is determined based on funding available and one's standing on the waitlist.

There is currently no waitlist for the ISW. However, individuals on the ISW can remain on the waitlist for the IDD waiver.

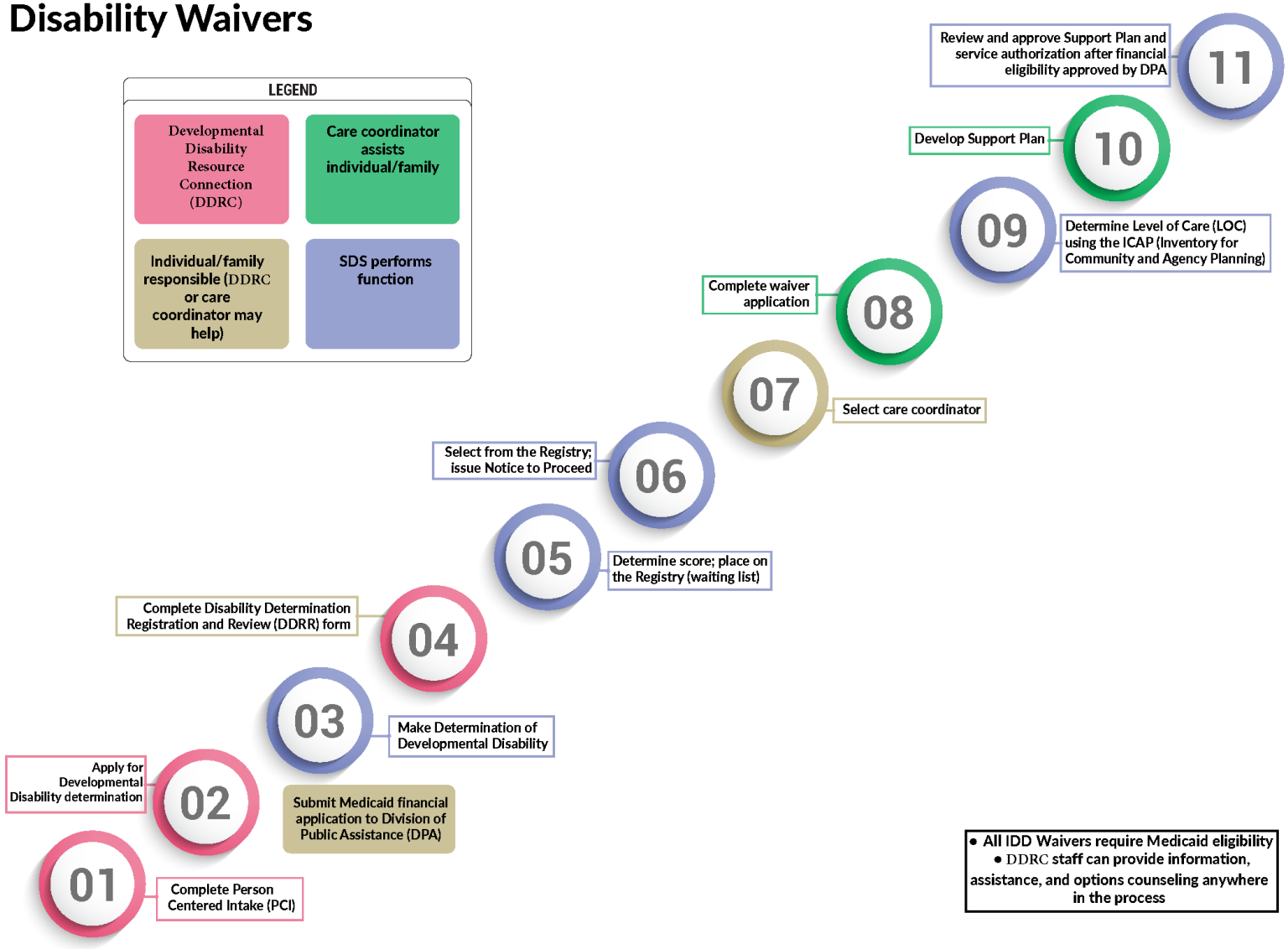
Exhibit 1 presents an overview of the process for applying for IDD waivers and shows the roles of individuals' care coordinators and the Developmental Disability Resource Connection (DDRC). (Note: the applicant will also need to financially qualify for Medicaid waiver services through the Division of Public Assistance.)

Alaska maintains a network of Developmental Disability Resource Connections (DDRCs) that are the first point of access for people with IDD. Alaska's DDRCs are operated by nonprofit or tribal health organizations. Participants who are selected for a waiver then choose a care coordinator to help navigate the process moving forward and provide ongoing case management.

The non-financial eligibility process consists of the following steps:

1. The person contacts the DDRC and the DDRC can conduct a Person-Centered Intake (PCI), to identify needs and refer the person to other (non-waiver) services. The individual can alternatively contact an Aging and Disability Resource Center (ADRC) for a referral to a DDRC.
2. DDRC staff work with the individual to complete a Developmental Disability Determination Application (DDDA) which includes gathering the necessary documentation.
3. SDS staff review the application and documentation to make a Developmental Disability determination.
4. The individual works with the DDRC to complete the DDRR form for submittal to SDS.
5. SDS uses the DDRR form to determine the individual's placement on the Registry.
6. SDS draws the individual from the Registry based on the DDRR score and the number of slots available. The average time on the Registry varies but has averaged about five years.
7. The individual selects a care coordinator.
8. The care coordinator works with the individual to complete the Waiver Application.
9. SDS staff determines that the person has a qualifying diagnosis and conducts the ICAP assessment to determine whether the individual meets the ICF/IID level of care.

Exhibit 1: Process for Enrolling on the Intellectual and Developmental Disability Waivers



10. The care coordinator works with the individual to develop the Support Plan.
11. SDS reviews the Support Plan, receives confirmation from DPA that the person is financially eligible, then authorizes waiver services, at which point the person is enrolled as a waiver participant.

D. Current Status of the IDD Registry

The number of people on the Registry changes over time. As new people enter, people are drawn to fill waiver slots, and people are removed from the Registry because they fail to update their status, voluntarily withdraw, move out of state, or are deceased. The size of the Registry also changes when SDS makes efforts to verify the accuracy of the Registry; this resulted in a substantial reduction in the number of people on the Registry during FY22.

As of the time of this report, there were 438 people on the Registry. Of those individuals, 241 were receiving supports from the ISW.

V. Potential improvements from Eradicating the Waitlist

Beyond serving additional individuals, there are also several potential improvements from eradicating the waitlist under the proposed work plan:

- The ISW includes a more limited set of services than the IDD Waiver and is subject to a monetary cap. If the waitlist was eradicated, it would make sense to simplify the system by eliminating the ISW waiver as all eligible individuals would have access to the full array of services under the resource allocation proposal.
- Complying with the DDRR process requires a sizeable amount of time from participants, DDRCs, and SDS staff. Because the DDRR process is only necessary to manage the waitlist, if the waitlist is eradicated, this requirement would be eliminated, streamlining the process.
- Allowing people to access services earlier would ease the burden on unpaid family members. This could allow them to increase time spent in other activities such as paid employment.
- Allowing people to access services prior to a point of crisis would offset some of the added cost of serving more individuals on the waiver. If individuals have services in place early on, it may reduce utilization of emergency rooms and inpatient hospitals such as the Alaska Psychiatric Institute (API), which is a large expense for the state. Data could not be found to model the impact of these savings given the timeframe and resources available for this report.

VI. Potential Challenges with Eradicating the Waitlist

"Woodwork effect": Stakeholders, DDRC and SDS staff reported that there are likely a substantial number of individuals who could be eligible for the IDD waiver but who do not apply because the timeframe for being pulled from the waiver, which could be four to five years, was too long and/or they did not wish to go through the process of completing and updating their information on the DDRR annually to remain on the waitlist.

An anticipated challenge of eradicating the waitlist is accounting for the "woodwork effect" in which people who are not currently known to the system (i.e., not on the Registry or another waiver) come out of the woodwork and request services. Unfortunately, the only information on the number of people who may be eligible for services but are not on the Registry is anecdotal. The fiscal impact model does include assumptions and estimates of a potential "woodwork effect."

Potential impact on the DD Determination and ICF/IID Level of Care processes: Currently, the DDRR process is the primary gatekeeping mechanism that determines who enrolls in the IDD waiver.

The DD Determination process appears to serve more of a gatekeeping role than the level of care process based on reports from SDS staff that indicated that most individuals who meet the DD Determination also meet level of care. SDS staff currently conduct a rigorous review of the documentation submitted to them to make the case that the individual meets the DD Determination threshold. However, because the current process could be considered overly complex, families may choose not to apply if it looks like they are unlikely to be selected for a waiver slot in the near future. If these barriers to entry are removed, SDS should expect that individuals with less impairments would apply for IDD services.

Challenges with provider capacity, especially for individuals who are more complex to serve: Stakeholders highlighted that there are currently issues with provider capacity that could be exacerbated by eliminating the waitlist and therefore, increasing the number of individuals to serve. As one stakeholder noted, "Why would you sell more tickets to the movie house if all the seats are already filled?" Another stakeholder was particularly concerned about her child because the child's particular needs already made it difficult to find a provider. While she supported allowing families with children with less complex needs to receive services, she was concerned that providers would find it more attractive to serve children with lower needs first because they are easier to serve.

Stakeholders maintained that increasing the flexibility of services, including adding the option to pay family members as caregivers, and allowing waiver participants to have a self-directed budget that they control, would be an effective way of addressing the issue of provider capacity. If SDS were to pursue this model, it would need to strengthen its mechanisms for controlling costs for waiver participants, including developing new resource allocation approaches that offer more standardized methodologies for allocating individual budgets. The work plan includes efforts to both implement resource allocation and increase service flexibility that are developed in tandem.

VII. Challenges with Estimating the Fiscal Impact of Eradicating the Waitlist

Estimating the fiscal impact of eradicating the waitlist required developing assumptions for the following:

- **The size of a potential "woodwork effect":** As noted earlier, stakeholders and SDS staff agreed that there would be some individuals who are not on the Registry or a waiver who would seek services if access was streamlined. The model needs to make assumptions that will result in a specific number of additional people who will "come out of the woodwork."
- **Changes in costs for people on the ISW who will switch to the IDD waiver**: Currently, a number of individuals on the ISW are waiting for a slot on the IDD waiver and more would likely want to switch if barriers were removed. The cost for these individuals would likely increase. The model

will need to make assumptions about how quickly these individuals will shift over and the associated costs.

- **Determining how quickly the IDD waiver enrollment will grow:** Even if SDS were to open enrollment for everyone it would take time for people who are not on the Registry to discover the services and for SDS and providers to build capacity to serve the additional participants. Because of the latter issue, it would make sense for SDS to gradually ramp up enrollment. The model will need to make assumptions about how quickly SDS will ramp up enrollment and how quickly the new individuals will discover that these services are available and choose to start the process of enrollment.
- **Accounting for the impact of new infrastructure for managing costs**: The work plan assumes that SDS will build new mechanisms for controlling costs, including revising eligibility criteria as necessary and developing new resource allocation approaches for assigning individual budgets. The model needs to include assumptions about the impact of these changes on costs.

VIII. Work Plan for Eradicating the Waitlist

SDS worked with HCBS Strategies to develop a work plan that would allow them to build the infrastructure necessary to be able to responsibly eradicate the IDD waitlist within five years. The work plan was created using Microsoft Project and can be easily updated. For purposes of this report, if SDS implemented this plan beginning May 1, 2023, it would eradicate the waitlist by May 1, 2028. It is important to remember that this work is not able to practically start on this date if the policy decision was made by the legislature to eradicate the waitlist since it would require legislative action including in the state operating budget which is not currently contemplated. Any dates throughout this report and work plan would need to be adjusted as a result once the legislature and the Governor complete any budgetary and legislative policy decisions.

A. Major Activities included in the Work Plan

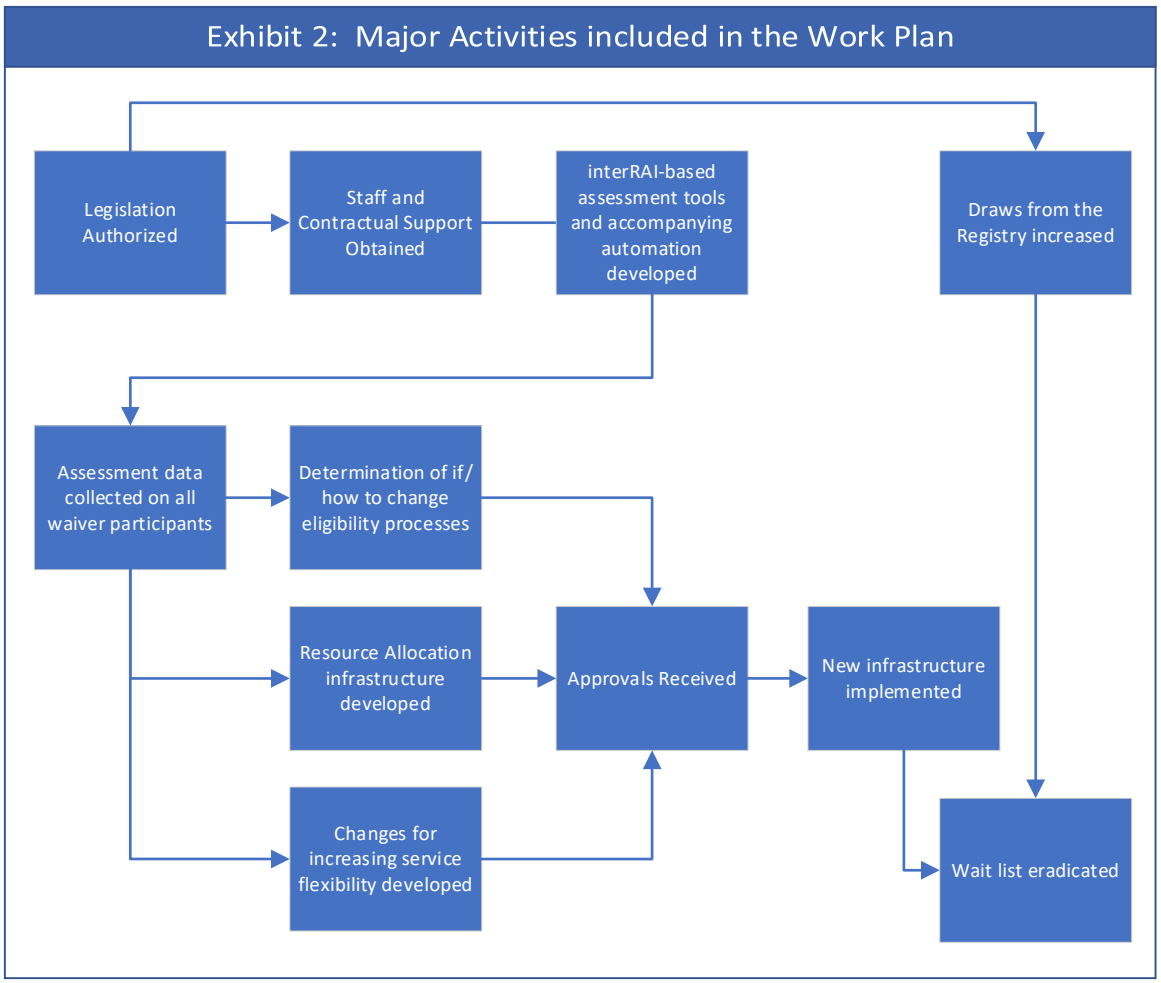
Exhibit 2 provides an overview of the major activities included in the work plan.

The work plan assumes that SDS will start enrolling participants in the IDD waiver in nine batches starting on July 1, 2023. This means that the Registry will be substantially reduced before it is finally eliminated in 2028. Doing this in phases would allow SDS staff time to process all of the enrollments, implement a resource allocation approach, and allow providers to build up capacity over time prior to the waitlist being fully eliminated.

SDS would need to increase staff to manage the larger workload and will need contractual support to develop the changes to the system. Costs for increased staff, and dedication of existing staff to this effort, are built into the overall cost estimates. The need for new staff will increase over the five years of the plan, with 24 new staff, at a cost of approximately $2.8 million, needed overall. Costs for these staff would be split between state general fund and matching federal Medicaid dollars.

A major challenge that SDS currently faces is that it lacks data on waiver participants. Better data are needed to design resource allocation algorithms that minimize negative impact on current participants

and help determine whether and how to adopt standardized eligibility criteria. Currently, SDS only collects data using a tool developed in the 1980s, the Inventory for Client and Agency Planning (ICAP), once every three years. This tool was not developed for eligibility determinations or resource allocation. SDS has reviewed multiple different assessment tools with stakeholders including the ICAP and selected the interRAI suite of assessment tools to replace the ICAP. interRAI (www.interrai.org) is an international consortium of researchers who develop empirically based assessment instruments for people with disabilities and older adults. Their tools are considered state-of-the art and have been adopted as the national tools in more than 20 countries and are increasingly being adopted by states in the US. These tools, including the version tailored for people with intellectual disabilities, have been used to establish eligibility criteria and resource allocation approaches. SDS has developed draft versions of these tools tailored for Alaska's needs.



SDS would need to automate this assessment tool and collect data on all waiver participants to build modeling files to be used for developing the planned infrastructure. The work plan, which is included as an appendix, includes all these steps for achieving these tasks.

These data would be used to support the following infrastructure development activities that would be conducted simultaneously:

- Determining if and how to change eligibility processes
- Developing resource allocation infrastructure
- Changing services to increase flexibility

Determining if and how to change eligibility processes: The standardized interRAI data would allow SDS to explore developing a new DD Determination and ICF/IID level of care determination processes. Doing so would involve a modeling effort that tries to identify the algorithm that is the best match to current outcomes. It is important to note that that the speculation about potential challenges to these processes discussed earlier in this report may not come to fruition and the current processes may not need to be changed. However, if suitable algorithms are found using interRAI items, these processes could be simplified and place less burden on SDS staff, DDRCs, and potential program participants.

Developing Resource Allocation infrastructure: States are often reluctant to remove caps and other limitations on services, and to add new services, because these changes can increase costs. To compensate for this, many states have a resource allocation methodology that shapes the overall budget amount, limits the overall budget impact for adding new services, and eliminates the needs for cost controls for individual services.

Alaska currently reviews all Support Plans to determine whether the services are appropriate. While the current process helps to control costs, SDS is not able to shape decisions such as replacing a more expensive service with more hours of a less expensive service. Any time SDS adds a new service, SDS staff would primarily consider whether this service is justified and whether it duplicates an existing service; SDS staff have very limited ability to determine if this is the most cost-effective manner of providing supports. A new resource allocation approach would set parameters for individual budgets and allow families to make choices about the preferred way of spending that budget.

The work plan includes developing two pieces of infrastructure to support a new resource allocation methodology in addition to an algorithm (i.e., a procedure or formula) to assign a budget to an individual eligible for home and community-based services (HCBS). The algorithm can set a cap, a target range, or a benchmark for what the budget should be based upon the participant's assessment results.

Even the best algorithms explain less than 50% of the variance in spending on supports. Therefore, it will be important to enhance the effectiveness and fairness of this algorithm by supporting the algorithm with the following business processes:

1) If the resource allocation approach sets budget limits based upon an algorithm, the process should include a clear and consistent process for determining when an exception to the cap should be allowed. The exception process should be flexible enough so as not to be too burdensome for

someone who has actual needs that exceed the assigned cap, but not so open as to become a default alternative process.

2) The resource allocation approach should include approaches for mitigating the lack of precision of the algorithm, including addressing uneven or intermittent expenditures. The first Long Term Support Services resource allocation approaches were the case mix systems, such as the Resource Utilization Groups (RUGs), which were originally developed in the 1990's for nursing facilities. These approaches assumed that the assigned budgets would be pooled across everyone in the facility; thereby mitigating the lack of precision of the algorithm. For HCBS systems, states use multiple approaches for mitigating risk, such as having a pool of emergency hours or allowing clients to pool a portion of hours (similar to a sick leave pool), or giving local entities, a pool of extra funds that could be used to fill gaps.

Exploring changes to services to increase flexibility: The resource allocation approach should allow SDS to make services more flexible. Ideally, this increased flexibility will occur shortly after the new resource allocation approach is implemented. However, the rollout of these changes may need to be staged over a period of years to make sure that SDS and its stakeholders have the capacity to develop and implement them responsibly. SDS recognizes that this would likely extend beyond the five-year period identified in the bill.

The work plan for this effort starts with listening sessions to obtain input from stakeholders about the changes that they believe would be important. This phase is designed to build a consensus about how services could be changed.

Once a consensus emerges, SDS would consider what changes would be needed to current service definitions and/or create new service/program definitions that will be necessary to implement these changes. This may include developing new infrastructure, such as procuring fiscal management services support if SDS and its stakeholders endorse expanding self-direction.

Approvals: The work plan includes the steps to secure State and federal approval for the initiatives if necessary. This will likely include changes to regulations and amendments to waivers and Medicaid State Plan Amendments.

Eradication of the waitlist: The reduction of the waitlist would start at the beginning of the project. The permanent eradication of the waitlist would not occur until the resource allocation and any changes to eligibility processes have been implemented including necessary federal and State regulatory approvals and implementation.

The ***Appendix*** provides more detail on each of the tasks included in the work plan and the estimated timeframes and dependencies among the tasks.

IX. Fiscal Impact of Eradicating the Waitlist

A. Overview of the Model

The fiscal impact of eradicating the waitlist was estimated using a Microsoft Excel-based model. The model allowed projected estimated number of waiver enrollees and their costs over a ten-year period. This timeframe was chosen to correspond with the work plan in which individuals were gradually enrolled over time.

The model used information from claims for waiver participants and data from the Registry for SFY2018-2021. Other sources of data were used to develop certain assumptions that are described in the next section.

In addition to developing estimates for the cost of waiver services, the costs for implementing these services were projected. These include the costs for temporary and permanent SDS staffing positions and contractor costs for IT, business development, and resource allocation development.

B. Methodology for Addressing Major Assumptions

As discussed earlier in this report, the fiscal impact of eradicating the waitlist will be affected by factors for which assumptions needed to be made.

Estimating the size of a potential "woodwork effect": It was particularly challenging to understand how many people who are not on the Registry might choose to enroll in the waiver if the major barriers to entry are removed. The methodology for developing this estimate included the following steps:

- First, it was necessary to develop an estimate of the size of the potential population in Alaska who might meet eligibility criteria for the IDD Waiver. The American Community Survey (ACS) is conducted by the U.S. Census Bureau and collects detailed information on a variety of topics including disability. Data from a five-year period is aggregated to produce sample sizes that are large enough to produce statistically reliable estimates for a state of Alaska's size. The best ACS measure that approximates Alaska's IDD Waiver eligibility criteria is the one that asks whether an individual has "serious difficulty concentrating, remembering, or making decisions". The prevalence rate for children meeting this criterion in Alaska is 2.67%; this percentage was applied to later life periods because increases could be attributed to events that happened during adulthood and would, therefore not meet the DD definition. This prevalence rate was adjusted downwards for adults over age 35 and above to 2.33% because individuals with IDD have a shorter life expectancy than individuals without IDD. This methodology resulted in an estimate of 11,912 people who could be eligible for the IDD Waiver.
- Second, people who were already known to the system (those enrolled in the IDD, ISW, APDD, or CCMC waivers or on the Registry) were deducted from the estimate.
- Third, an assumption was made about the percentage of people who have a serious cognitive disability who meet ICF/IID level of care. No data could be found that informed this decision. It is anticipated that a subset of individuals will have serious cognitive difficulty but do not have

impairments substantial enough meet the thresholds used for the DD Determination process. The model assumes that 80% of individuals who have a serious cognitive difficulty will meet ICF/IID level of care prior to the new interRAI-based assessment process and 60% following the new assessment process. This drop is due to the expectation that interRAI may create a more reliable and defensible eligibility process.

- A final assumption had to be made about the percentage of the people who meet ICF/IID level of care who would ultimately enroll in the waiver. No data could be found that informed that decision. An assumption that 20% of these individuals would choose to enroll. Individuals may choose not to enroll for a variety of reasons, for example not wanting to receive public benefits or not being aware of the programs. This resulted in an estimate that 2,341 additional people would choose to enroll based on these assumptions.

Estimating average costs for people who are on ISW, the registry, or not currently known to the system: Average service costs were developed using SDS expenditure data from SFY2018-2021. Total annual expenditures were divided by the number of participants in each of the age categories (under age 18, age 18-34, and age 35+) with costs being substantially lower for younger ages. These annual averages were then averaged across the four-year period. Because the average ages of the individuals that would be new to the IDD waiver were substantially lower than current waiver participants, their average costs were substantially lower. Attempts were made to use the DDRR score as a proxy for the level of impairment, however, the trends were not clear for the available data and this approach was discarded.

Determining how quickly the IDD waiver enrollment will grow: SDS will be able to control how many slots are added until the waitlist is eradicated, and fixed numbers of slots were added at regular intervals in the model. These slots would be pulled from the Registry using current processes.

The harder part was making assumptions about how quickly the individuals who are not currently on a waiver nor the Registry would choose to pursue IDD services. It was assumed that the plans to eradicate the waitlist by 2028 would cause some of these individuals to enroll on the Registry, with this cohort growing as the timeframe for eradication got closer. The number jumps in 2028 when eradication occurs and then tapers down from there.

Accounting for the impact of new infrastructure for managing costs: The estimates assume that a new resource allocation methodology will be implemented in 2027 that will help control costs. The modeling assumes that these cost savings are only applied to the new participants and their average costs we be 30% lower than current participants. While these savings may appear arbitrary, they could be used to set parameters for the development of the new resource allocation methodology so that it is constructed to meet this target.

C. Fiscal Impact Estimates

Exhibit 3 presents the estimated costs from eradicating the waitlist. The model is constructed so that an inflation factor could be applied, but the report does not present one because 1) inflation has been extremely volatile over the past few years and 2) even set at a rate from before the recent volatility, costs

increase from inflation alone add nearly as much to total costs as does the policy change, making it difficult to understand the impact of eradicating the waitlist alone.

The model projects the number of participants nearly doubling from state fiscal year (SFY)2024 to SFY2028. Without factoring in inflation, the average participant cost decreases from $87,948 to $73,872 over this period[1]. This is largely due to the average lower costs for new participants and the resource allocation methodology implementation.

The anticipated State spending increases from a baseline of $72.7 million in SFY2021 to nearly $123.2 million in SFY2034, resulting in the additional costs associated with eradicating the waitlist estimated to be approximately $50.5 million[2] per year. This represents a nearly 70% increase in costs. As noted earlier, inflation could increase this estimate. Assuming the same inflation rates are maintained for home health services as in FY2023 (3.9%)[3], the estimated State spend to realize this effort total $180.6 million in SFY2034. This represents an increase of $69.9 million compared to what spending in SFY2034 is projected to be without eradicating the waitlist.

[1] Average participant costs includes both State and federal spending.
[2] The State share is calculated by simply multiplying the total spending by 60%. While Alaska's regular Federal Medical Assistance Percentage (FMAP) is 50%, the State receives 100% FMAP for Tribal providers. A review of the claimed amount for the IDD waiver over the most recent three years suggested that a FMAP rate of 60% should be used. This analysis does not consider other factors, such as temporary federal legislation that increases FMAP because using a fixed FMAP allows for more meaningful comparisons of the potential cost increases from eradicating the waitlist.
[3] Source: U.S. Centers for Medicare and Medicaid Services Market Basket Data. This is a subscription-based publication but an overview is available at: https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareProgramRatesStats/MarketBasketData

Exhibit 3: Ten Year (2024 - 2034) Projected Fiscal Impact of Eradicating the Waitlist for the IDD Waiver (in thousands)

	Baseline-2021	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034
Total Participants Served	2,033	2,250	2,522	2,784	3,090	3,374	3,645	3,954	4,063	4,145	4,167	4,169
Total Participant Service Costs	$181,721.6	$197,882.1	$220,185.8	$243,241.2	$259,792.8	$275,830.7	$290,921.8	$307,233.5	$311,067.7	$313,007.7	$311,100.8	$307,934.8
Federal Funding	$109,033.0	$118,729.3	$132,111.5	$145,944.7	$155,875.7	$165,498.4	$174,553.1	$184,340.1	$186,640.6	$187,804.6	$186,660.5	$184,760.9
State Funding	$72,688.6	$79,152.8	$88,074.3	$97,296.5	$103,917.1	$110,332.3	$116,368.7	$122,893.4	$124,427.1	$125,203.1	$124,440.3	$123,173.9
Avg. Participant Service Cost		$87.9	$87.3	$87.4	$84.1	$81.7	$79.8	$77.7	$76.6	$75.5	$74.7	$73.9
Additional Funds Required Compared to FY2021		$16,160.5	$38,464.2	$61,519.6	$78,071.2	$94,109.1	$109,200.2	$125,511.9	$129,346.1	$131,286.1	$129,379.2	$126,213.2
Federal Funds for Services		$9,696.3	$23,078.5	$36,911.8	$46,842.7	$56,465.4	$65,520.1	$75,307.1	$77,607.6	$78,771.7	$77,627.5	$75,727.9
State Funds for Services		$6,464.2	$15,385.7	$24,607.8	$31,228.5	$37,643.6	$43,680.1	$50,204.8	$51,738.4	$52,514.4	$51,751.7	$50,485.3
State Funds for Infrastructure Development		$647.8	$974.4	$1,235.3	$1,483.5	$1,443.5	$1,394.7	$1,394.7	$1,394.7	$1,394.7	$1,394.7	$1,394.7
Total State Funds		$7,112.0	$16,360.1	$25,843.2	$32,712.0	$39,087.2	$45,074.8	$51,599.5	$53,133.1	$53,909.1	$53,146.4	$51,880.0
Total State Funds w/out Cost Management Infrastructure		$6,849.8	$17,745.1	$28,794.3	$41,974.0	$54,165.2	$65,879.6	$80,157.8	$85,654.6	$89,951.5	$91,541.5	$92,258.7
Savings from Cost Management Infrastructure		-$262.1	$1,385.0	$2,951.1	$9,262.0	$15,078.1	$20,804.8	$28,558.3	$32,521.5	$36,042.4	$38,395.2	$40,378.7

The proposed infrastructure for managing costs lowers these costs substantially. Without the infrastructure changes, the additional state funds needed is projected to increase by another $40.4 million a year by 2034 bringing the estimated total to $163.6 million without inflation.

Exhibit 3 also shows that the State will also need an estimated $14.1 million in State dollars for staff and infrastructure over the ten-year period. The State estimates that approximately 24 new staff will be needed to enable this effort. These expenditures start at $0.65 million in 2024, peak at $1.44 million in 2028, and end up being $1.39 million after the cost management infrastructure is built. State dollars would be matched by federal Medicaid dollars.

X. Recommendations for Implementing the Plan

While the SDS team made extensive efforts to model the potential impact of eradicating the waitlist, as noted earlier, these estimates rely on assumptions that may under or overestimate the actual increase in waiver participants and their associated costs.

SDS' implementation plan includes the development of new and enhanced mechanisms for controlling costs that will be implemented before the waitlist is eradicated. This new infrastructure should allow SDS to have greater control over the number of people who are determined eligible and their overall costs, while also allowing for all eligible individuals to receive services based on their needs. The work plan includes timeframes for implementing this infrastructure that are feasible based on previous experience, such as the development of the ISW.

However, this work plan does not include unforeseen obstacles that may delay this work, such as challenges with contracting and/or contractors. Therefore, SDS could mitigate the impact of these changes by adjusting the timeframe in which the waitlist will be completely eradicated.

One significant hurdle is the work force crisis faced by Alaska and all states across the country. Alaska is already experiencing a lack of direct support professionals, care coordinators, and other workers that would be needed to turn the increased demand on the waiver services. The items needed to address that are outside the scope of this report but is a large looming barrier.

SDS could also impact the overall cost of eradicating the waitlist by adjusting the timeframe and using the resource allocation approach and possible changes to eligibility criteria to align costs with available funds. To do so, SDS would need resources to develop more sophisticated mechanisms for controlling costs and overseeing the much larger program. Not doing so could substantially increase costs and threaten SDS' ability to ensure high quality supports.

Finally, while increasing service flexibility should help ease some of the issues with provider capacity, it is likely that this will remain a concern and eradicating the waitlist could exacerbate this challenge especially for people who are deemed "difficult to serve." While SDS can try to address this as part of the resource allocation, the impact on access will need to be monitored carefully because the number of people who enroll and their costs prior to the implementation of the new resource allocation approach could be higher than expected.

The plan as proposed addresses many of the concerns and interests that were identified by stakeholders and is in alignment with the Developmental Disabilities Shared Vision as included in AS 47.80.095. For example, stakeholders expressed the desire for system changes that strengthen or enhance the following:

- **Fostering self-determination:** The development of a resource allocation tool and process would allow individuals to have increased responsibility for the way their allocated resources are used. With a resource allocation approach, beneficiaries, and not department reviewers, would bear primary responsibility for etc.
- **Enhanced flexibility of existing services:** The resource allocation tool would support increased service flexibility, such as eliminating caps on individual services and allowing participants to have greater control over determining the mix of services they want.
- **Availability of new services:** Stakeholders have provided examples of services they would like to see developed and available in Alaska, such as companion services (home-based supervision and monitoring in a beneficiary's home); supported living group services (more flexible living arrangements for people interested in living in their homes); greater availability of assistive technology and innovations in the use of natural supports. The primary obstacle to developing these services in Alaska has been the costs to add these services to the existing service array. Resource allocation facilitates the introduction of these services at relatively low cost because individuals would be limited to a funding level that they can spend how they wish.

XI. Conclusion

The Department has sought to develop a plan in collaboration with stakeholders that meets the legislature's budget intent language for a five-year plan to eliminate the IDD waiver waitlist. The Department looks forward to continued dialogue with lawmakers and stakeholders to improve its services and supports for individuals with disabilities.

XII. Appendix: Work Plan Tasks, Timeline and Dependencies

ID	Task Name	Duration	Start	Finish	Predecessors
1	Project start	0 days	5/1/23	5/1/23	
2	**Project Management Infrastructure**	**250 days**	**5/1/23**	**4/11/24**	
3	**Hire additional SDS staff**	**60 days**	**5/1/23**	**7/20/23**	
4	Develop position descriptions and authorizations	30 days	5/1/23	6/9/23	1
5	Staff recruited and brought on board	30 days	6/12/23	7/20/23	4
6	**Procure Business Operations Consultant**	**110 days**	**5/1/23**	**9/28/23**	
7	Develop RFP	20 days	5/1/23	5/26/23	1
8	Vendor procured	90 days	5/29/23	9/28/23	7
9	**Procure Automation Contractor**	**140 days**	**5/1/23**	**11/9/23**	
10	Update draft RFP language	20 days	5/1/23	5/26/23	1
11	Vendor procured	120 days	5/29/23	11/9/23	10
12	**Procure Resource Allocation Contractor**	**110 days**	**11/10/23**	**4/11/24**	
13	Update draft RFP language	20 days	11/10/23	12/7/23	3,6,9
14	Vendor procured	90 days	12/8/23	4/11/24	13
15	**interRAI Contract**	**110 days**	**6/12/23**	**11/9/23**	
16	Obtain draft contract from interRAI	1 day	6/12/23	6/12/23	4
17	SDS staff reviews and adapts	2 months	7/21/23	9/14/23	5
18	Legal review	2 months	9/15/23	11/9/23	17
19	Contract signed	0 days	11/9/23	11/9/23	18
20	**Finalize interRAI-based Tools**	**195 days**	**9/29/23**	**6/27/24**	
21	SDS review of draft tools	20 days	9/29/23	10/26/23	3,6
22	Development of processes to use interRAI-based items to support the DD determination and LOC	10 days	9/29/23	10/12/23	3,6
23	**Pilot to refine draft processes (test and/or create new DD Determination and LOC algorithms/decision trees)**	**185 days**	**10/13/23**	**6/27/24**	
24	Develop pilot structure	15 days	10/13/23	11/2/23	22
25	Run pilot	5 months	11/3/23	3/21/24	24
26	Analyze results and propose changes to processes/criteria	1 month	3/22/24	4/18/24	25
27	Stakeholder input (2-3 meetings)	30 days	4/19/24	5/30/24	26
28	Criteria finalized	20 days	5/31/24	6/27/24	27
29	**Automation of the new IDD processes**	**515 days**	**11/10/23**	**10/30/25**	
30	Kickoff meeting	10 days	11/10/23	11/23/23	9
31	Implement project management infrastructure	5 days	11/24/23	11/30/23	30
32	Requirements Gathering	20 days	12/1/23	12/28/23	31

ID	Task Name	Duration	Start	Finish	Predecessors
33	Initial Automation	3 months	12/29/23	3/21/24	32
34	Import Data on participants for testing and development	3 months	12/29/23	3/21/24	33SS
35	**Training Infrastructure developed**	**30 days**	**3/22/24**	**5/2/24**	
36	Draft training materials from vendor and business operations contractor	1 month	3/22/24	4/18/24	33
37	SDS review and incorporation into broader training plan	10 days	4/19/24	5/2/24	36
38	**Alpha Testing**	**160 days**	**11/24/23**	**7/4/24**	
39	Alpha testers identified	10 days	11/24/23	12/7/23	30
40	Alpha testers trained	10 days	5/3/24	5/16/24	39,37
41	Alpha testing	15 days	5/17/24	6/6/24	40
42	Refinements to the system	1 month	6/7/24	7/4/24	41
43	**Beta Testing**	**230 days**	**11/24/23**	**10/10/24**	
44	Structure and Purpose of Beta Testing Clarified	15 days	11/24/23	12/14/23	30
45	Beta Testers identified	15 days	11/24/23	12/14/23	30
46	Beta Testers trained	5 days	7/5/24	7/11/24	45,42
47	Beta Testing	20 days	7/12/24	8/8/24	46
48	Updates to content and system	40 days	8/9/24	10/3/24	47
49	Updates to training materials	5 days	10/4/24	10/10/24	48
50	**Review of implementation and recommendation to proceed**	**25 days**	**10/4/24**	**11/7/24**	
51	Decision memo drafted	10 days	10/4/24	10/17/24	48
52	Review by SDS managers	10 days	10/18/24	10/31/24	51
53	Review by SDS leadership	5 days	11/1/24	11/7/24	52
54	**Rollout**	**255 days**	**11/8/24**	**10/30/25**	
55	Training of remaining SDS assessors	15 days	11/8/24	11/28/24	53,49
56	Rollout for assessments	0 days	11/28/24	11/28/24	55
57	All participants assessed using new tools	12 months	11/29/24	10/30/25	56
58	**Determining whether and how to refine the DD Determination and LOC Eligibility Processes**	**65 days**	**10/30/25**	**1/29/26**	
59	Data collected on all participants	0 days	10/30/25	10/30/25	57
60	Modeling file built	20 days	10/31/25	11/27/25	59
61	Analyses to determining the fit of the draft processes and existing determinations and refine criteria	20 days	11/28/25	12/25/25	60
62	Leadership review of revised criteria and determination about whether to proceed	10 days	12/26/25	1/8/26	61

ID	Task Name	Duration	Start	Finish	Predecessors
63	Stakeholder input about proposed criteria	15 days	1/9/26	1/29/26	62
64	Criteria finalized and will be implemented with RA	0 days	1/29/26	1/29/26	63
65	**Resource Allocation Development**	**650 days**	**4/12/24**	**10/8/26**	
66	**Select framework for Resource Allocation Refinement and high-level approach**	**140 days**	**4/12/24**	**10/24/24**	
67	Draft framework and approach	2 months	4/12/24	6/6/24	12
68	Stakeholder input	3 months	6/7/24	8/29/24	67
69	Revised approach	1 month	8/30/24	9/26/24	68
70	Department Clearance	1 month	9/27/24	10/24/24	69
71	**Modeling analyses to develop core algorithms**	**395 days**	**10/25/24**	**4/30/26**	
72	Identify necessary data	5 days	10/25/24	10/31/24	70
73	**IDD Development**	**130 days**	**10/30/25**	**4/30/26**	
74	Data Collected for IDD	0 days	10/30/25	10/30/25	57,70
75	Modeling file built	20 days	10/31/25	11/27/25	74
76	Draft algorithms developed	1 month	11/28/25	12/25/25	75
77	Budget impact analysis conducted	1 month	12/26/25	1/22/26	76
78	Stakeholder input	40 days	1/23/26	3/19/26	77
79	Revisions to algorithms and budget analysis	10 days	3/20/26	4/2/26	78
80	Department Clearance	20 days	4/3/26	4/30/26	79
81	Algorithms finalized	0 days	4/30/26	4/30/26	80
82	**Establishing risk pooling/mitigation (e.g., exception process) strategies**	**385 days**	**10/25/24**	**4/16/26**	
83	Review of risk pooling/mitigation strategies in other programs	20 days	10/25/24	11/21/24	70
84	Select frameworks for strategies and high-level approach	20 days	11/22/24	12/19/24	83
85	Stakeholder input	20 days	12/20/24	1/16/25	84
86	Develop approaches	60 days	1/17/25	4/10/25	85
87	Evaluate budget impact of approaches	20 days	1/23/26	2/19/26	77,86
88	Stakeholder input	1 month	2/20/26	3/19/26	87
89	Department Clearance	20 days	3/20/26	4/16/26	88
90	Risk pooling/mitigation ready	0 days	4/16/26	4/16/26	89
91	**IDD-Incorporating Resource Allocation Refinement into Support Plan process**	**145 days**	**3/20/26**	**10/8/26**	
92	Review Support Plan format and develop framework for incorporating Resource Allocation Refinement	15 days	3/20/26	4/9/26	88

ID	Task Name	Duration	Start	Finish	Predecessors
93	Stakeholder input	10 days	4/10/26	4/23/26	92
94	Department Clearance	20 days	4/24/26	5/21/26	93
95	Adapt Support Plan to include Resource Allocation Refinement	20 days	5/22/26	6/18/26	94
96	Update Support Plan automation and training materials	2 months	6/19/26	8/13/26	95
97	Pilot work flow for adapted Support Plan	20 days	8/14/26	9/10/26	96
98	Update Support Plan content and automation and training materials	20 days	9/11/26	10/8/26	97
99	Core Resource Allocation Refinement infrastructure ready for implementation	0 days	10/8/26	10/8/26	81,90,98
100	**Increasing Service Flexibility**	**540 days**	**11/10/23**	**12/4/25**	
101	Listening sessions with stakeholders to determine how to restructure services	60 days	11/10/23	2/1/24	11
102	Development of draft revisions to services and proposed new services	6 months	2/2/24	7/18/24	101
103	Stakeholder input on changes	6 months	7/19/24	1/2/25	102
104	Development of provider qualifications, service definitions, and rate structures for new/changed services	12 months	1/3/25	12/4/25	103
105	Proposed additional flexibility for services ready to be incorporated into MMIS, regulations, and waivers	0 days	12/4/25	12/4/25	104
106	**MMIS Changes**	**140 days**	**5/1/26**	**11/12/26**	
107	Identify types of changes: 1) new program code, 2) services, 3) linkages to waiver for establishing eligibility	10 days	5/1/26	5/14/26	81,90,105
108	Draft proposed changes	10 days	5/15/26	5/28/26	107
109	MMIS incorporate changes	6 months	5/29/26	11/12/26	108
110	MMIS ready for implementation	0 days	11/12/26	11/12/26	109
111	**Approvals**	**280 days**	**1/22/26**	**2/18/27**	
112	**Changes to Waivers and the State Plan**	**280 days**	**1/22/26**	**2/18/27**	
113	Drafting regulations	400 days	11/1/24	5/13/26	52
114	Draft Regulations completed	0 days	5/14/26	5/14/26	64,81,90
115	Public Comment	2 months	5/15/26	7/9/26	114
116	Incorporate Public Comment and revise regulations	20 days	7/10/26	8/6/26	115
117	Review and Approval by Department of Law	90 days	8/7/26	12/10/26	116
118	Lt. Gov. Signature	30 days	12/11/26	1/21/27	117
119	Regulation effective	1 mon	1/22/27	2/18/27	118

ID	Task Name	Duration	Start	Finish	Predecessors
120	**CMS Submissions**	**202 days**	**1/22/26**	**11/2/26**	
121	Drafting waiver and Medicaid State Plan amendments can begin	0 days	1/22/26	1/22/26	52,77,105
122	Draft amendments to waivers and Medicaid State Plan finalized	10 days	5/1/26	5/14/26	64,81,90
123	Department Clearance	30 days	5/15/26	6/25/26	122
124	Informally submit draft to CMS for comment to expedite process	0 days	6/25/26	6/25/26	123
125	Obtain and incorporate CMS input	30 days	6/26/26	8/6/26	124
126	Department Clearance	3 days	8/7/26	8/11/26	125
127	Tribal Consultation	40 days	5/15/26	7/9/26	115SS
128	Submission to CMS	2 days	8/7/26	8/10/26	116,127
129	CMS review and approval	3 months	8/11/26	11/2/26	128
130	**Provider Conditions of Participation**	**110 days**	**1/23/26**	**6/25/26**	
131	Review provider agreements and certification process to determine if changes are needed	40 days	1/23/26	3/19/26	52,77
132	Update Condition of Participation if necessary	10 days	5/15/26	5/28/26	114,131
133	Enrollment at Provider Services	20 days	5/29/26	6/25/26	132
134	Provider agreements and/or contracts ready for implementation	0 days	6/25/26	6/25/26	133
135	All approvals received	0 days	2/18/27	2/18/27	119,129,134
136	**RA Implementation**	**340 days**	**11/13/26**	**3/2/28**	
137	**IDD RA Implementation**	**340 days**	**11/13/26**	**3/2/28**	
138	Target Implementation Date-All approvals and infrastructure ready for implementation	0 days	2/18/27	2/18/27	91,135
139	Finalize implementation plan (draft proposal is to enroll individuals at renewal unless the participant requests making a change sooner)	5 days	2/19/27	2/25/27	138
140	**Notifications**	**70 days**	**11/13/26**	**2/18/27**	
141	**Initial notifications and public meetings to explain the transition process**	**70 days**	**11/13/26**	**2/18/27**	
142	Development of notifications and meeting materials	15 days	11/13/26	12/3/26	143SS-15 days
143	Send out notices	15 days	12/4/26	12/24/26	138SS-55 days
144	Conduct meetings	40 days	12/25/26	2/18/27	143
145	**Pre-implementation notices**	**32 days**	**12/25/26**	**2/8/27**	
146	Draft notices developed	15 days	12/25/26	1/14/27	147SS-15 days
147	Department Clearance	15 days	1/15/27	2/4/27	148SS-15 days

ID	Task Name	Duration	Start	Finish	Predecessors
148	Send out notices	2 days	2/5/27	2/8/27	138SS-10 days
149	**Rollout**	**300 days**	**1/8/27**	**3/2/28**	
150	Training internal staff	10 days	1/8/27	1/21/27	151SS-10 days
151	Train care coordinators	20 days	1/22/27	2/18/27	138SS-20 days
152	Refresher trainings	15 days	3/19/27	4/8/27	138FS+20 days
153	RA applied to new application and existing at reassessment	270 days	2/19/27	3/2/28	151
154	**Waitlist eradication**	**1276 days**	**7/1/23**	**5/19/28**	
155	**Winnowing down the waitlist (block of slots opened every six months - numbers TBD)**	**1276 days**	**7/1/23**	**5/19/28**	
156	First batch of additional slots available	97 days	7/1/23	11/13/23	1FS+10 days
157	Second batch of additional slots available	131 days	11/14/23	5/14/24	156
158	Third batch of additional slots available	131 days	5/15/24	11/13/24	157
159	Fourth batch of additional slots available	131 days	11/14/24	5/15/25	158
160	Fifth batch of additional slots available	131 days	5/16/25	11/14/25	159
161	Sixth batch of additional slots available	131 days	11/17/25	5/18/26	160
162	Seventh batch of additional slots available	131 days	5/19/26	11/17/26	161
163	Eighth batch of additional slots available	131 days	11/18/26	5/19/27	162
164	Ninth batch of additional slots available	131 days	5/20/27	11/18/27	163
165	All approvals received - new eligibility and RA implemented	0 days	2/18/27	2/18/27	138
166	Ninth batch of additional slots made available	131 days	11/19/27	5/19/28	164
167	Deadline for waitlist eradication-enrollment at application	0 days	4/28/28	4/28/28	1FS+1306 days