AADD
ALASKA ASSOCIATION ON DEVELOPMENTAL DISABILITIES
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To facilitate a united provider voice for best practices, advocacy, partnerships and networking.

February 10, 2021

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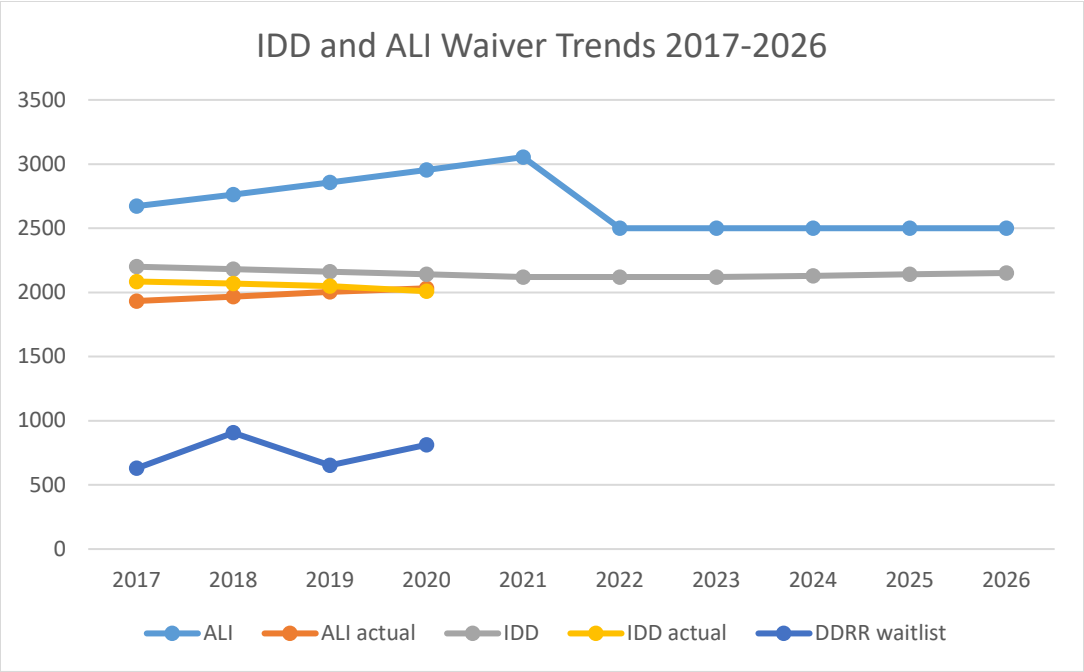
Dear Jetta:

AADD is grateful for this opportunity to comment on the Waiver Renewal being submitted to the Centers for Medicare and Medicaid Services. AADD recognizes the fact that the COVID 19 pandemic has affected all of us with increased and complicated workloads. While recognizing the impact of the pandemic, AADD is disappointed to see that feedback concerning the waiver process from the last five years is not reflected in this Waiver Application. Nor is the Shared Vison. The Shared Vision is now in statute as SB174 and AADD feels the process of the waivers needs to show evidence of obedience to the law. The Shared Vision states:

> *"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."*

AADD's following comments are in two sections. The first section is an executive summary detailing the recommendations AADD has for the waiver process to better align with key factors in the Shared Vision including flexibility, persons directing their own supports and living meaningful lives. This section contains a number of examples in which the state of Alaska could both save money and provide more flexible services that meet the intent of the Shared Vision and needs of those being supported. The second section contains specific recommendations for the waiver renewal application.

1. AADD notes the intentional reduction of Alaskans served by the IDD waiver during the past waiver period 2017-2021, (4% reduction over 5 years from 2,200 unduplicated recipients to 2,120 unduplicated recipients). Senior and Disabilities Services apparently reached this goal in 4 years by attrition through deaths and transitions exceeding the 50 annual draws. As actual recipients served dropped from 2,085 in 2017 to 2,009 in 2020 (4% reduction). In contrast, the ALI waiver which was projected 15% increase from 2,672 in 2017 to 3,054 in 2021, only increased 5% in 4 years from 1,933 in 2017 to 2,032 in 2020.



The overall effect is a reduction of approved services available to individuals and a reduction of the total waivers being served under the IDD waiver at the expense of those eligible individuals waiting for service. From a provider perspective these reductions do not eliminate the needs of these individuals, and appear to fall short of the required "maintenance of effort" for access to services. For many of these individuals, the introduction of the ISW waiver provides minimal survival supports but do not substitute the supports they need from IDD waivers.

Developmental Disabilities Registration and Review (DDRR) waitlist reports for the IDD waiver show an increase from 629 individuals in 2017 to over 800 currently. AADD is very concerned that there is insufficient growth allowance for IDD waivers in the proposed waiver renewal from 2,120 in 2022 to 2,150 in 2026 (based on a limited number of ISW waivers converting annually) to address the growing waitlist.

The DDRR waitlist draw process requires significant changes to the questions asked to more accurately reflect life domains of drawn candidates, the scoring weight of those questions, and a system of draws that represent the demographics and regional distribution of the waitlist, not just individuals scoring highly because of current crisis. This approach would support the "cost neutrality" objectives of Appendix J without unnecessarily extending waiting times due to budget constraints. The waiver draw system needs to include components that prevent crisis that can be delivered at lower cost and reflect the Shared Vision statute provisions to maintain Alaskans in their own meaningful community. The statement in the proposed waiver that the State does not impose a cap on the number of recipients is incongruous with the projected unduplicated recipient numbers in relationship to the number of waitlisted IDD candidates.

2. Establish a billing code (again) for semi-independent living that does not require 1:1 staff support. Current regulations no longer allow a "semi-independent Living" residential option, which allows several residents to receive staff support at the same time. A group semi-independent living option, would support the Shared Vision and persons having the opportunity to benefit from the increased skill development, additional privacy and independence when allowed in apartment settings and learning through natural supports. But it is no longer available. Instead individuals receive more expensive assisted living home service where State licensing mandates require close supervision and direction in their daily lives. One provider reports that the 50 individuals who receive assisted living services, rather than group semi-independent living services, has increased costs to the state by $2 million ($40,000 per individual) annually. Reinstating group semi-independent living could save SDS $2 million dollar a year.

3. Maintain flexibility's of remote visits for care coordinators, particularly in rural and remote locations. AADD has appreciated the flexibility Appendix K offers for visits to take place through technology. AADD also recommends bi-annual face to face monitoring visits in the recipient's rural and remote home communities. There is a need to utilize other non-waiver professionals in the recipient's community to assist the care coordinator in monitoring waiver service via technology and to use technology for document preparation, review and finalization with the recipient/guardian. This becomes imperative with the billing rate not covering Care Coordination face to face visits in rural communities in addition to multiple physical obstacles. In the Bethel service area, 56 villages are served without road access. Monthly visits for care coordination cost include air fare ($200 to $500) and payment of a full day's salary for a billing rate of $400. Some small carriers are no longer operational making it difficult to reserve flights. If a care coordinator is stranded due to weather or scheduling difficulties there are no hotels or restaurants for them to access. AADD recognizes there are some limited exemptions granted (one rural provider quoted 50% approval rate) for a reduction o bi-annual face to face visits. The pandemic has proven the value of remote visits to address costs, illness and weather issues as well as care coordinator capacity.

4. Continue to allow for technologies to reduce direct staff support. Appendix K has showed the value of technology to allow for both individual and group support remotely. Many individuals were able to access assistive technology devices. Ongoing development of "smart home "and other electronic options can reduce the cost of direct staff support. Routine investment in low-tech and even high-tech options have the potential to dramatically drive down the long-term costs of services while aligning with the Shared Vision to provide more independence for individuals.

5. Daily Respite services do not align with the Shared Vision's flexibility and person directed choice mandates. The provision of Daily Respite is limited to the recipient's home or a licensed facility. This limitation means recipients can't use their Daily Respite outside of their community for traveling, or for activities such as camping and sleepovers.

Hourly respite care regulations do not align with the ISW waiver. The current ISW waiver offers $18,476. Respite, the least expensive service that maximizes the hours of service a family can receive, would financially allow for 13 hours of respite services per week for a family. The current respite regulations restrict families to 10 hours or 40 units a week.

6. Companion Services are very much needed. Day habilitative services are designed to assist individuals with acquisition, retention or improvement of skills in the areas of self-help, socialization, appropriate behavior and adaptation to acquire, retain and improve the self-help, socialization and adaptive skills necessary to live successfully in home and community-based settings .There are many circumstances of community participation that simply need a companion and do not require habilitation. Community integration isn't only about having the "appropriate" skills, but also enjoying recreational and social opportunities. Companion services would better match what many individuals would prefer in place of being focused on goals every 15 minutes. Additionally, it would be a less expensive service than day habilitation.

7. In-Home Supports for recipients under 18 years of age has restrictions on services being provided by another resident of the home, or the primary unpaid caregiver. Supported Living, for recipients 18+ doesn't have this language in the regulations. Regulations, under Services provided by family members, states waiver services do not include services provided by an immediate family member or legal guardian. In rural areas, these regulations result in insufficient options to support individuals in their community. The result is that the community is unable to provide support in that least restrictive environment and the recipient is required to move to a more expensive, less desirable, hub or urban setting. With only individuals with the most severe needs being drawn from the DDRR, rural individuals, not yet in crisis, do not receive support when they need it; again resulting in more expensive services away from their families and communities.

8. Day habilitation is a valuable service, however its implementation has become extremely rigid. The Shared Vision talks about flexible services and person directed services. Limiting day habilitation in the plans of care to a rigid amount per week does not match the Shared Vision. Plans of Care need to be approved, not to exceed the regulatory cap, but to allow for hours to be utilized in alignment with recipients needs rather than a fixed number.

9. Environmental Modification services may be provided by certified construction contractors. The State will pay for environmental modifications up to $18,500 per participant with limited exceptions for the shipment of supplies.

These restrictions effectively makes the EMOD program null and void. EMOD's have been flat funded and that amount is vastly inadequate for the purpose. Recipients in the Rail Belt may be able to get some EMODs completed, but rural and remote portions of the State cannot meet these stringent requirements. Bathrooms, entries and ramps are the most needed EMODs and represent a significant barrier for a recipient to function and remain in their homes. Beyond the funding level, the requirements for a SDS certified contractor to perform the EMOD, eliminates recipients in rural and remote areas of the State since these certified contractors don't exist and the funding level eliminates certified contractors from

other parts of the State traveling to the recipient's community. There is no incentive for contractors to go through the arduous process of becoming certified with the low reimbursement rate.

AADD has the following recommendations specific to the Waiver Renewal Application.

Pg 3 - The purpose of the Individual with Intellectual and Developmental Disabilities (IDD) waiver is to ensure that, statewide, Medicaid-eligible individuals of any age with intellectual or developmental disabilities have the option of remaining in their homes or in a home- like setting.

Recommendation: Replace "home-like" with the word home. Either it's the person's home or its not

Pg 3. - The objective of this waiver is to serve approximately 2,100 individuals per year with appropriate Home and Community-Based Services in the amount, duration, scope, and frequency that will allow the individual to live as independently as possible in integrated community settings.

Recommendation: Change the word "appropriate" to effective or person- centered or self-determined. Change the word "allow" to enable

Pg 4 - Participant-Direction of Services: Appendix E specifies whether participant direction opportunities (person directed services) are offered in the waiver with supports that are available to participants who direct their own services. This waiver renewal application says: "No. This waiver does not provide participant direction opportunities. *Appendix E is not required."*

Recommendation: Alaska needs to consider an Appendix E, allowing for participant directed services which are in alignment with the Shared Vision and have provided cost savings in other states.

Pg 5 - Reporting**:** The state assures that annually it will provide CMS with information concerning the impact of the waiver on the type, amount and cost of services provided under the Medicaid state plan and on the health and welfare of waiver participants. This information will be consistent with a data collection plan designed by CMS.

Recommendation:
AADD would greatly appreciate having the opportunity to see the information reported to CMS.

Pg 6 - Service Plan: In accordance with 42 CFR §441.301(b)(1)(i), a participant-centered service plan (of care) is developed for each participant and services are furnished based on the service plan. The service plan describes: (a) the waiver services that are furnished to the participant, their projected frequency and the type of provider that furnishes each service. The service plan is subject to the approval of the Medicaid agency.

The Shared Vision highlights the need for flexibility, including in the frequency of use of services such as day habilitation. The current practice of reviewers is to require "exact" projections for

weekly utilization, rather than more flexible options that can be adjusted based on needs. Requiring amendments for unforeseen events (seizure activity, health, general energy level, weather, a trip, or a family illness) is costly in time and resources for the recipient/guardian, care coordinator, service provider and SDS.

Recommendation: Allow the 624 day habilitation hours to be utilized more flexibly.

Pg 7 - In general, the State secures public input on operational implementation of its waivers and amendments through a variety of methods, including: information-sharing teleconferences and webinars with care coordinators and other waiver services providers. Regular communication with the State of Alaska's statutorily-mandated advocacy boards, the Governor's Council on Disabilities and Special Education and the Alaska Commission on Aging, and related advocacy coalitions that comprise the agencies serving recipient populations, including the Key Coalition and the Alaska Association of Developmental Disabilities, both for people with developmental disabilities and AgeNet, which represents the interests of Alaska's senior population, and other service-specific advocacy groups. There is concern on the part of some groups that public comment does not have an impact on the products being commented on.

Recommendation: Please share any changes made to the document due to public comment with stakeholders.

Pgs 22 and 24 - Appendix B-3 a. shows a table of the "maximum number of unduplicated participants who are served in each year". This is a hard cap on the number of IDD waivers issued, and we are concerned that limit on number of participants is currently at 2120, yet over 800 people remain on the waitlist. The grid allows for growth of 10 IDD waivers drawn from the ISW waiver in each of the following years: 2024, 2025, and 2026.

Individuals and families receiving the ISW are also awaiting full IDD services. A draw of just 10 individuals per year is inadequate to meet the increased needs incurred with age.
With the waitlist over 800 and increasing, the draws are falling short, AADD requests an increased allowance of the number of people served in conjunction with revised waitlist draw processes as previously described.

Recommendation: Annual waiver participants should be projected at 20% of the current waitlist total less the capacity for ISW waivers from the most recent fiscal year end DDRR report. For example: 2019 report shows 652 waitlist individuals divided by 5 years (20%) = 130 per year maximum draws. Given the State economy, an option to use 10% of the waitlist could be used as a compromise.
Unduplicated participants limits would be

2022	**2,250**
2023	**2,380**
2024	**2,510**
2025	**2,640**
2026	**2,770**

P. 24 - SDS routinely selects 50 individuals as new entrants each waiver year and may also select an additional number of entrants when the unduplicated count falls below the maximum due to attrition.

Recommendation:
AADD recommends that SDS utilizes an established percentage of the waitlist to determine annual draw levels and increase the unduplicated count before attrition.

Pg. 51 - Day habilitation services may be provided to assist recipients, ages three and older, to acquire, retain, and improve the self-help, socialization, and adaptive skills necessary to live successfully in home and community-based settings. These services must be provided in non-residential settings separate from the recipient's private residence or another residential living arrangement, unless the provider is granted a waiver under 7 AAC 130.260 (d) regarding the setting.

Recommendations: Replace "community-based settings" with the word community. AADD strongly supports the option of a waiver to allow for services to be delivered in the person's home, as we have pioneered during COVID when environmental or health restrictions would make accessing community settings a risk.

Recommendation: Add companion services as many people across the State of Alaska do not need to be "habilitated", rather they need to be able to participate in community activities safely. These services would save the state money and align better with the Shared Vision of flexible self-directed services.

Pg. 51 - Per 7 AAC 130.260, the department will only pay for a maximum of 624 hours each year of all types of day habilitation services from all providers combined. The department may approve a limited amount of additional day habilitation services.

Recommendation: Allow the 624 hours to be utilized more flexibly

Pg. 54 - Per 7AAC 130.270 the department will only support employment services in a residential setting if the recipient is operating a homebased business (including subsistence).

This is discriminatory for people with IDD. Thousands of people are working from home during the pandemic. If an employer requests telework from an individual, this should not be denied. Telework has been a best practice strategy for individuals with intellectual and development disabilities in successful long-term employment

Recommendation: Add telework as another reason for an IDD or APDD waiver recipients to receive employment services from their residence.

Pg. 60 - Daily Respite services may be provided in the participant's private residence, in the private residence of the respite care services provider, in specified licensed facilities, or at community locations that contribute to furthering the goals of the recipient.

Limiting the services to the residence or a licensed home does not align with the Shared Vision's flexibility and person directed choice mandates. The limitations mean that recipients can't use

their Daily Respite outside of their community, traveling, or for activities such as camping and sleepovers.

Recommendation: Allow for Daily Respite to be offered in alternative unlicensed settings.

Pg. 100 - The Waiver Renewal reads: Care Coordinator takes the lead in developing the support Plan and includes services that fit with the needs of the recipient.

Recommendation: In alignment with the Shared Vision it would read better as "With the support of the care coordinator the participant and/or their legal representative takes the lead. "

Pg. 100 - Requires the Care Coordinator to convene a comprehensive, person centered planning team before developing the Support Plan. The team includes the participant, the participant's family and/or legal representative and the providers chosen by the participant, expected to provide services. Care Coordinator are also required to convene the person-centered planning team to update the annual Support Plan using the most recent assessment, and the participant's desires, goals or needs. The Care Coordinator should assist the recipient in selecting the planning team in alignment with Shared Vision.

Recommendation: Change the language to read "The Care Coordinator assists the recipient to identify and invite the participants they choose to attend a recipient led person-centered planning session(s). The team may include the recipient, family/guardian, services providers, natural supports, etc. "

Pg. 100 - By SDS regulation, Care Coordinators must submit an annual Support Plan that reflect changes in the participant's health, life plans and goals no more than 60 days and at least 30 days before the expiration of the current Support Plan year.

This is unclear and not match the current procedure as SDS rejects plans submitted 60 days prior to the due date.

Recommendation: Align this language with current procedures that require submission 45 days prior to the end of the current plan and clarify whether the 45/30 days are calendar or business days <u>or</u> change the procedure to match the stated requirement.

Pg. 103 - The waiver renewal requires Care Coordinators to have responsibility for implementation of the plan of care and to <u>ensure</u> that services are provided as identified in the Support Plan.

Care Coordinators are unable to implement and ensure that services are provided as identified as they are provided by another agency. Care Coordinators can monitor service delivery to verify the recipient's needs are being met and that services align with the recipient's Support Plan.

Recommendation: Change the language from "ensures" to monitor service delivery to verify the recipient's needs are being meet and services align with the Support Plan.

Pg. 103 - Care Coordinators must make monthly in-person contact with the participant, unless SDS allows the monthly in-person contacts to be waived under regulations 7 AAC 130.240(d). If the monthly contact is waived, the Care Coordinator must meet with the participant in-person at least once per calendar quarter, in addition to non-in-person contacts at least twice a month.

AADD feels the maintenance of flexibility's of remote visits for care coordinators has great value and has appreciated the flexibility offered by Appendix K for visits to take place through technology. AADD recommends bi-annual face-to-face monitoring visits in the recipient's rural and remote home communities, in addition to utilizing other non-waiver professionals in the recipient's community to assist the care coordinator in monitoring the delivery of waiver service via technology. AADD also supports further utilization of technology for document preparation, review and finalization with the recipient/guardian. This becomes imperative as the billing rate does not adequately cover Care Coordination face to face visits in rural communities in addition to the multiple physical obstacles.

> **Recommendation: Continue the flexibility of remote visits for care coordinators with bi-annual visits for rural and remote communities.**

Pg. 166 - SDS specifies that the state has not deployed a patient experience of care or quality of life survey for HCBS in the last year.

AADD recognizes that the pandemic made the National Core Indicators (NCI) survey difficult to complete in person. However the value of having that feedback and a comparison to indicators nations wide can't be understated.

> **Recommendation: AADD trusts SDS will continue to move forward with the NCI survey as soon as possible.**

AADD appreciates this opportunity to comment on the work of SDS on the HCBS wavier renewals.

Sincerely,

Lizette Stiehr

Lizette Stiehr
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