



AADD
ALASKA ASSOCIATION ON DEVELOPMENTAL
DISABILITIES

EXECUTIVE DIRECTOR REPORT
April 2021

NOTEWORTHY NEWS

- The federal government has extended the Public Health Emergency to September 21, 2021. With our Appendix K extension, the latest end of flexibilities would be March 21, 2022.
- Governor Dunleavy has signed a bill for a retroactive Public Health Emergency for Alaska

ATTACHMENTS:

- AADD has commented on the Potential Changes to Residential Habilitation Services, see attached letter

SDS UPDATE

Alaska's Public Health Emergency (PHE) Governor Dunleavy has signed the bill making Alaska's Pubic Health Emergency retroactive.

Appendix K –With the federal Public Health Emergency extended to September 21, 2021, Alaska's approved 6 month extension of Appendix K means the earliest date the flexibilities expire is March 21, 2022. With the Presidents preference for an extension to the end of the calendar year, it is possible that Alaska's Appendix K will extend to June/2022.

Vaccines— Post vaccination visitation guidelines for non-congregate settings were released from SDS in an E-Alert April 26th Guidelines for congregate settings were released March 30 through an E-Alert. Those guidelines lowered the recommended vaccination rate to 70% (from 80%) for visitation.

Family Habilitation—SDS has hosted 3 webinars to solicit input on their Reform Proposal to differentiate between Group Homes and Family Habilitation Home. The webinars encouraged public comment on the Proposal, potential regulations and adding a contractor to oversee the Fam Hab Homes. The reform proposes that group homes would not allow live-in staff. But they may live in bedrooms in the group home that are not part of the licensed facility. The state and Steve Lutsky (the facilitator) have acknowledged they are learning a great deal from public comments.

Companion Services—SDS agrees they would be beneficial but are currently on the backburner with the pandemic.

Harmony – All Care Coordinators will be required to enter plans into harmony exclusively beginning July 1, 2021.

Companion Services—SDS agrees they would be beneficial but are currently on the backburner

with the pandemic.

Heather Chord, IDD Unit Manager,:

- ⇒ 799 on the DRR (waitlist)
- ⇒ 33 IDD waivers drawn
- ⇒ 504 ISW's offered or active
- ⇒ 76 ISW waivers drawn
- ⇒ 2032 DD waivers total

EVV for IDD providers not on SDS's radar for the foreseeable future.

VACCINE

According to the Wall Street Journal some employers are starting to require Covid-19 vaccine for new hires. See the blog from Agency Workforce Management on this at:

https://mitcagencies.com/employers-start-requiring-vaccines-for-new-hires/?utm_source=MITC+Mailing+List&utm_campaign=f980c06f6c-03%2F28%2F19+-+SSA+HHP+PROS+NOT+ACL+BIRCH_COPY_01&utm_medium=email&utm_term=0_deb53e3020-f980c06f6c-84134369&goal=0_deb53e3020-f980c06f6c-84134369

MENTAL HEALTH TRUST AUTHORITY

Mental Health Trust Grant 8464.03 for FY21 is for \$65,000. The three primary goals are:

1. Advocate for a strong system and best practices through involvement with national trends and organizations.
2. Change management support for leadership in provider organizations – membership voted for Leadership Consortium Training. Applications are open until February 5th.
3. Support for Agency Sustainability and Work Force Development

The Leadership Consortium training opportunity has 32 participants and began April 14th through May 7th. Feedback has been excellent. Alaskan Speakers Kathy and Becca Allely and Corey Gilmore represented us so well.

Mental Health Grant 12039 -Technology Capacity Building from 6/1/20 to 4/30/20 for \$50,000 This grant is now closed out. Kim is developing a Final Report of lessons learned.

Mental Health Trust Grant 12849

The Trust has approved AADD for a \$21,500 to support ongoing marketing for DSP's. Northwest Strategies has been paid for the advertising they organized.

COMPLIANCE GROUP and CFO GROUP

The Compliance and CFO groups were scheduled groups April 15 with representatives from SDS, DPA and Health Care Services to discuss Cost of Care. Because the Cost of Care regulations were open for public comment, and we were commenting, the participants were required to decline and the meeting was cancelled.

HOT TOPICS

The first Hot Topics call, on April 22, 2021 was attended by 36 individuals and solicited comments on the Potential Changes to Residential Habilitation proposed by SDS

WEBSITE

The April newsletter is posted on the website. AkLean has corrected the AADD Board of Directors page with correct officers and now includes Meghan Heim. The AADD Board will review the research that AkLean has provided on the use of social media. If you are a member of AADD and have not registered for the members only section of the website go to:

www.aaddalaska.org/wp-login.php?action=register

ADVOCACY

Alaskans Standing For Medicaid is a broad coalition of organizations that rely on Medicaid (including health, homelessness, food insecurity, Native Health, Mental Health Trust, Mat Su Health Foundation, ABHA, AADD and others). The group continues to meet weekly to share information on legislative actions and bills. The group is facilitated by Jessie Meekins with the Primary Care Association.

Shared Vision Advocacy Coalition is comprised of the following entities: the Key Coalition of Alaska, the Alaska Association of Developmental Disabilities, Peer Power, the Governor's Council on Disabilities and Special Education and the Statewide Independent Living Council. The Shared Vision group has solicited funds from providers, paid to Key Coalition, to support the lobbyist, David Parish. Eighteen providers contributed a total of \$16,350. David has offered to meet with provider who contributed for a one hour call the 3rd Thursday of the month at 11:00 during the legislative session. You will receive a calendar invitation if you contributed to this.

ANCOR

Briefings: ANCOR continues a 15 to 30 minute briefing of what is happening on the "hill" (federal congress) each Friday morning at 8:30. I attended four in March.

- SOC (Standard Occupation Code for Dept. of Labor for DSP's) has been re-introduced in the Senate sponsored by Hassin and Collins.
- ANCOR is working on a new study of the impact of a \$15/hour minimum wage. Even though that was dropped from the Budget Reconciliation, it looms in the future. ANCOR is preparing.
- A new bill is being prepared for the Congress to make Home and Community Based Services a required service under Medicaid instead of optional.
- CMS guidance is due by May 10th on the 10% FMAP bump for HCBS

- ANCOR is encouraging them to define supplement, not supplant
- Secure state authorization for temporary benefits though Appendix K
- How can it be used? Urging states to collaboration with their stakeholders.

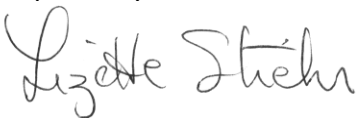
CALENDAR

May 5 & 6, 2021	AADD virtual Face2Face meetings 9 – 10:30 and 1 – 2:30
May 11, 2021	Care Coordination Group 10:30 – 11:30
May 13, 2021	No monthly meeting
May 20, 2021	Compliance Group 8:30 – 9:30
May 20, 2021	CFO Group meeting 10- 11
May 20, 2021	Advocacy meeting with David Parish – 11:00
May 27, 2021	Hot Topics – To be announced
October 19 & 20, 2021	Fall Face2Face meeting – hybrid at BP Center and zoom

SUMMARY OF SDS ALERTS

April 6, 2021	E-Alert: Webinar: Increasing Connectivity with the Emergency Broadband Benefit (EBB)
April 8, 2021	E-Alert: UPDATE: Seeking Stakeholder Input on Potential Changes to Residential Habilitation Waiver Services
April 9, 2021	E-Alert: Webinar: Alaska Electronic Visit Verification (E-VV) Town hall Update and FAQ’s
April 14, 2021	E-Alert: Update on Use of Appendix K Covid-19 Person Centered Support Plan Request (“short Form”)
April 14, 2021	E-Alert: Input on Trust Budget Development Requested
April 22, 2021	E-Alert: New Virtual Call Center reduces processing time for Alaskans seeking public assistance
April 26, 2021	E-Alert: Updated Guidance for Congregate Non-Residential Settings
April 26, 2021	E-Alert: DHSS insights Features Information on COVID and Children
April 27, 2021	E-Alert: SDS Announces tomorrow’s session of the Family Echo series
April 28, 2021	E-Alert: SDS Announces I Have Rights: a Living Well Webinar

Respectfully submitted,



Lizette Stiehr
Executive Director, AADD

April 27, 2021

John Lee
Division of Senior and Disability Services
1835 Bragaw, 501 Business Park Blvd., Suite 350
Anchorage, AK 99508

Re: Residential Habilitation Reform Proposal

Dear John,

AADD is grateful for the opportunity to submit written comments on the Potential Changes to Residential Habilitation Services put out for stakeholder input to resolve the issue of provider payments to subcontractors (family habilitation homes) not being allowed under 42 CFR 447.10. This lack of compliance has been looming for several years resulting in multiple sources encouraging family habilitation home providers to certify their services in order to bill directly, allowing them to shift to group home services. The Potential Changes to Residential Habilitation Services would have significant impact on those providers.

AADD hosted a Hot Topics call on this issue. The comments, questions and concerns raised by the thirty six providers in attendance are reflected in this letter. The consensus of the group was a wish that there had been engagement with stakeholders at some level prior to the release of a formal looking Potential Changes to Residential Habilitation Services with scheduled webinars addressing the content, potential regulations and oversight agency options. Providers were concerned that the request for stakeholder input was perfunctory and were grateful to hear that a great deal had been learned in the first webinar and that the state might be re-thinking portions of the proposal.

Several providers commented on the fact that group home staffing processes have nothing to do with the primary issue of family habilitation payments to subcontractor, family habilitation homes, not being allowed under 42 CFR 447.10.

The webinars hosted by SDS and the Hot Topics call made clear that licensure and certification requirements for family habilitation homes has been very burdensome. Concerned with the lack of compliance with CMS, family habilitation homes have been encouraged over multiple years to become their own billing agents through certification in addition to their licensure requirements. This allowed them to become group homes and access a billing rate three times the family habilitation rate. Now those group home providers are very concerned. Some of their direct comments include:

"We were encouraged some time ago, to become our own entity; so we went through the long complicated process of becoming our own biller and we were given the option to do group home or family habilitation. We went with group home. Now, you are telling us that we might

have to go backwards. Why was there a choice when we went through the process originally? That just doesn't seem right."

"Being able to hire my own staff to occasionally work in the home is a must. If that option was taken away, it would significantly impact our day-to-day routine. Respite is not a reliable option. I need to be able to hire my own employees."

"I liked contracting with an agency to help with all the paperwork stuff, but we were encouraged to move away from this. When my home received approval to bill, it took me some time to get used to all the paperwork stuff. It sounds like this would change that. This news was a gut punch."

Recommendation: Allow a waiver to grandfather those group home service providers that live in their own home and changed to the group home service under the recommendation of SDS.

SDS is well aware that many family habilitation homes have been providing this service with the same individuals over a long period of time, sometimes up to 20 years. These homes have made it clear they are deeply dedicated to the service and do not want to operate or bill independently. They do need the respite care and some need to be able to hire staff to allow for their dedicated inclusion of the recipients they serve.

Organizations currently provide support to family habilitation providers through training, quality assurance of progress notes, insurance support, HIPAA compliance, behavioral challenges, consistent payment for services, assistance with paperwork, licensing compliance, support with out of services dates, providing daily respite or alternative family habilitation placement and more. How can this range of support be available through a remote oversight agency? There are concerns that an oversight agency might provide billing support but could not provide the level of regional and individualized support current family habilitation homes receive.

Recruitment is a significant issue as well. One provider reported just three homes family habilitation homes are left from a pool of fifteen five years ago. Each of the three remaining was developed by an individual that began their work as a DSP for the agency. How could a governmental oversight agency recruit families to provide that service, particularly across the vast state including rural areas?

Recommendation: Allow providers to become Organized Health Care Oversight Entity with responsibility for recruiting, supporting, training and billing for family habilitation homes. Allow the entire stipend to be paid to the family habilitation homes while the agency providers, as oversight entities, receive a stipend from the state. The costs to develop a new oversight entity would significantly exceed the stipend costs.

Recruitment is compounded by the low reimbursement rate for family habilitation service that has remained the same for over a decade, while regulatory requirements keep increasing. Those stringent licensing rules, which are regulated by municipalities and boroughs have

different requirements for different areas of the state. Anchorage is requiring sprinkler systems (at a cost of up to \$30,000) for all Assisted Living Homes, including those licensed as family habilitation homes serving more than two recipients, over the next two years. This is not fiscally viable at the current family habilitation rates.

Recommendation: Increase the family habilitation service rate to be more commiserate with the group home reimbursement rate in order to keep this service viable.

AADD was grateful to learn it was not the intention of the Potential Changes to Residential Habilitation Services to deny live-in options for group homes. There are many benefits to having live-in staff. Families and guardians advocate strongly for security and stability for those they love and the live-in models have given many people the opportunity to develop long term meaningful relationships. There are numerous benefits of stable staff including historical knowledge for health care and personal histories and relationships with guardians and family members to name a few. The ability to keep people safe and secure during the pandemic was enhanced greatly with live-in models.

Recommendation: Define “live-in” staff and ensure different staffing models are available for the group home service including: 24 hour shift model for staff who have a residence outside the group home, staff who live on the premises, or other models that providers currently implement.

Providers are hopeful that the changes to family habilitation can be approached and implemented in as simple and fair a manner as possible. And at the heart of any decision is alignment with the DD Shared Vision- does this decision support flexible outcomes? Does it enhance self-determination? Does it enhance and retain work force? Does it support families? Service language continues to devalue people with disabilities. While we may not be able to change the language overnight, our practices can certainly align better with value driven outcomes- honoring choice, rights and preference while enhancing stability.

Again, we thank you for bringing this issue to stakeholders for conversation and we hope that these comments help guide the process.

Sincerely



Lizette Stiehr
Executive Director, AADD

Cc: Steven Lutsky
Tony Newman
Maureen Harwood

