



**AADD**  
**ALASKA ASSOCIATION ON**  
**DEVELOPMENTAL DISABILITIES**  
**P.O. Box 241742**  
**Anchorage, Alaska 99524**

*To facilitate a united provider voice for best practices, advocacy, partnerships and networking.*

May 14, 2021

To: Senior and Disabilities Services  
From: AADD  
Re: Care Coordination services in Alaska

Dear John Lee,

On behalf of AADD, we would like to thank SDS for assisting Care Coordinators (CC), provider agencies and individuals/families receiving waiver services through an unprecedented year. The pandemic has been tough but also a learning experience for all of us.

As the dust settles from the pandemic, AADD has been gathering feedback from providers discussing what worked, what didn't work, and what could possibly be continued. During this process, AADD created a Care Coordination group with representatives around the state to allow care coordinators an opportunity to have their voices heard collaboratively.

On behalf of AADD, the Care Coordination group would like to offer SDS feedback and suggestions regarding the impact of the COVID-19 pandemic on the recipients we serve and how care coordinators provided support during a rapidly evolving service environment. Our comments are outlined below and include the following categories: Appendix K, Harmony, Communication and Workforce.

**COVID-19:** In mid-March 2020, when the pandemic began, Care Coordinators quickly responded to meet the challenges generated by the unrelenting pandemic and adjust to working remotely. The burden of remote working, as many of us know, was not an easy lift. Setting up home offices for employees has been expensive and the added costs have taken their toll, especially on our smaller agencies. Several Care Coordination organizations applied for available COVID-19 assistance but were unsuccessful in receiving reimbursement for these added costs. Care coordinators are asking SDS to explore possible grant funding opportunities to allow care coordinators to recoup some of the expenditures required during this transition.

**Appendix K:** The Appendix K amendment was the silver lining of the pandemic, offering flexibilities that insured that care coordinators were able to continue supporting waiver recipients. We recommend that SDS consider adapting and continuing some of these flexibilities to improve care coordination services in Alaska. Working remotely, without monthly face to face contacts, gave care coordinators, individuals and their families' opportunities to be creative. Meeting via platforms such as Zoom, phone, and FaceTime, supported recipients in maintaining the continuity of care they received prior to the pandemic whenever possible. Care coordinators agree there are numerous waiver recipients that don't require face to face monthly visits to maintain the level of supports and care needed to live the life they chose with the support they direct. By adjusting the monthly face to face requirement, care coordinators would have increased capacity and could serve rural areas more easily. Care Coordinator's would like SDS to consider face to face meeting flexibilities as a permanent change.

Another flexibility that has been extremely beneficial is the extended support plan. The option to extend support plans when recipients feel their needs are being met with the services outlined in their current support plan enable recipients and their teams to focus on service quality and goal achievement. Continuing this flexibility would benefit recipients and their families by reducing the burden of paperwork required to receive waiver services, and enable care coordinators, providing agencies, and SDS to increase capacity and quality of services.

**Harmony:** The Harmony trainings in order to work in the database have been very time consuming for care coordinators. They have discovered that the system does not embrace person-centered services. Care coordinators have had to set aside an enormous amount of time during an unrelenting pandemic and time of increased needs for support by those we serve, to learn and become proficient in a complex database that is rigid and inhibits our ability to be person-centered in our work. Care coordinators fully support Alaska's Shared Vision and feel that Harmony is a barrier to person-centered planning and does not align with Alaska's Shared Vision statute (SB174). Specifically, the habilitative goal sections force habilitative services into restricted categories and limits individual choice on how to develop their skills to obtain their goals. Care coordinators would like greater flexibility within the Harmony System. Supporting individual choice in structuring goals and objectives would support person-centered planning and align with the values enshrined in Alaska's Shared Vision. Despite the lengthy and time-consuming training involved in gaining proficiency in Harmony, the Training Unit at SDS has been a valuable part of the process. It has been enjoyable working with such supportive individuals at SDS.

**Communication:** Clear, effective communication is the foundation to developing and maintaining successful working relationships. Effective communication between SDS units has been an ongoing challenge. Care coordinators are concerned about the disconnect between how the IDD and NFLOC units approach their work and the policies and procedures each unit employs. Care coordinators experience a more collaborative work environment with the IDD unit. The experience with the NFLOC unit is more contentious, with significant deviations from how the IDD unit approaches the work. These deviations in policies and procedures lead to substantial incomplete plan submissions due to superfluous requirements and exceedingly long processing times, resulting in delays for recipients to receive the supports they need. In addition, care coordinators experience significant variation in requirements and answers to questions from individuals in the NFLOC unit. It would be beneficial for care coordinators to have one contact (a liaison) with supervisory authority within the IDD and NFLOC units to improve communication with care coordinators and to bridge the gap between the two units. It is our hope to receive consistent, clear answers from the division to enable us to better support the individuals we serve.

**Workforce:** Lastly, we recognize that care coordination services in Alaska are nearing a crisis point. The state is experiencing a significant decrease in care coordination capacity and agencies are facing substantial recruitment challenges. Care coordination capacity has declined sharply in the past eight years. In 2013 there were 330 certified care coordinators in Alaska and there are just 185 care coordinators in 2021. In addition, SDS has added the ISW waiver to its menu of support options for recipients, and expanded care coordination responsibilities without providing higher reimbursement rates to compensate for the increased time commitment care coordination services require. Another significant barrier to attracting qualified care coordinators is the lengthy and arduous process of becoming certified and being issued a billing number. Care coordinators fear that individuals needing services will be faced with additional delays in accessing needed supports while waiting for an available care coordinator. The AADD Care Coordination Group has discussed a possible Care Coordination Accreditation Program. This would assist in recruiting and retaining qualified care coordinators in the state. Additionally, we feel that offering grants for care coordination organizations to hire and train new care coordinators. Training new care coordinators can take up to a full year before they can carry a full caseload and support their costs. If grants were available for administrative positions, it would allow organizations the capacity to hire and train new care coordinators in the field. We are hopeful that SDS will take action now to stabilize and improve Care Coordination Services which are an essential part of Alaska's HCB Waiver supports.

Care Coordinators statewide are thankful to have the opportunity to provide feedback and suggestions on a collaborative level. It is our hope that SDS will engage collaboratively with care coordinators and AADD to address deficiencies and find solutions to sustain care coordination services in Alaska. The Care Coordination Group, on behalf of the AADD, sends tremendous thanks to SDS for all their hard work during this unprecedented year. Your dedication and commitment to helping Alaskans with disabilities remain healthy and safe through a global pandemic does not go unnoticed.

Please feel free to contact us with questions. Thank you!

Sincerely,

*Meghan Heim*

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