**

**AADD**

**ALASKA ASSOCIATION ON DEVELOPMENTAL DISABILITIES**

**EXECUTIVE DIRECTOR REPORT**

**DECEMBER/JANUARY – 2021/2022**

**Note Worthy News:**

* SDS revised the 10% FMAP plan to include grant funds to providers for workforce.
* The Supreme Court has denied the Emergency Temporary Standard requiring all companies with more than 100 employees to either be vaccinated or get tested weekly. This requirement is no longer being considered.
* The CMS mandate remains in place but the deadline is extended 60 days beyond the January 14th deadline for Alaska (as one of the states in the initial injuction).
* Steve Williams has been hired as the new CEO of the Mental Health Trust

<https://alaskamentalhealthtrust.org/news/alaska-mental-health-trust-authority-hires-new-ceo/> (for more details)

* Sandra Heffern’s research on re basing HCBS and PCA rates resulted in letter requesting an immediate 5% increase to our rates to the Commissioner and key legislators. AADD has awarded the Study on Rate Rebasing in Alaska to Effective Health Design, Sandra Heffern. The report is due January 30.

**Attachments:**

* Letter to Commissioner and legislators on Rate Rebasing request
* Public Comment letter on Proposed Regulations to Home and Community Based Services on COVIE Flexibilities to be made Permanent

**SDS UPDATE**

10% FMAP Increase -

SDS submitted the revised the 10% FMAP Plan, including grant support for providers for workforce issues (such as salary bonus’s) on December 14th. Several conversations with CMS preceded the submission. SDS is awaiting CMS approval. The revised plan does include the DSP career ladder funding.

Appendix K –The federal Public Health Emergency (PHE) has been extended to April 16th. When combined with Alaska’s approved 6 month extension of Appendix K, the earliest date that Appendix K flexibilities would expire is October 16, 2022. SDS has formally extended the use of the App K Short Form for renewal Support Plans with no changes to April 1.

Employment Certification Requirement Delayed SDS has received approval from CMS to delay the Employment regulation requiring National staff certification for staff supporting Employment Services, until the end of the Public Health Emergency. AADD is using the Permanent Flexibilities regulations with multiple Conditions of Participation attached to comment on the grave concern for individualized employment with the certification requirement once implemented.

Continuity of Operations Plan/Crisis Standards of Care – At AADD’s request John Lee connected the leadership with Public Health that offered us a Template to review to develop a Continuity of Operations Plan (COOP) which could operate similarly to hospitals Crist Standards of Care. AADD has hosted two COVID Work Groups. A small group has agreed to edit specific sections of the template to work for AADD as a larger organization. The group will review the edits at the next meeting February 9, Wednesday mornings at 11:00. You are welcome to join the group if you are interested.

Proposed Regulations on Amendments to Home and Community Based Services on COVID Flexibilities to be made Permanent: AADD submitted written comments on these proposed regulations thanking SDS for the flexibilities extended that would allow: : first aid/CPR online classes certification, electronic signatures ,distance delivery of day hab (10% only), distance delivery of employment (limited circumstances), care coordination remote visits with just two annual visits in person and respite care can be used when parents are working.

AADD is also responding to the Employment Services COPS recommending a new “Job Coach” position requiring some training but not the full 40 hours for National Certification.

Proposed Regulations Requiring Third Party Liability (TPL) would be effective in April. This is a CMS requirement that all insurance (or third parties) are billed before Medicaid. Public comment was withdrawn thanks to strong advocacy on the part of Care Coordinators. The state withdrew the public comment period while they seek to mitigate the grave difficulties this creates in terms of another extremely burdensome unfunded mandate in terms of additional staffing required and delays in reimbursement for small and independent Care Coordinators. The state did say they were submitting a letter asking CMS for an exemption (which Indiana was granted). And they are working with the Division of Insurance to research blanket denials.

Numbers:

* 708 individuals on the Registry
* 2,048 individuals on or offered a spot on the I/DD waiver
* 578 individuals on or offered a spot on the ISW waiver
* 328 of whom are active on the ISW
* 35 people drawn - IDD waiver (FY22)
* 66 people drawn - ISW waiver (FY22)

M**ENTAL HEALTH TRUST AUTHORITY**

Mike Abbott, the CEO of the Trust retired January 14, 2022. AADD is deeply appreciative of his collaborative and supportive leadership over the last 5 years. Steve Williams, the Deputy Director has been formally appointed as the new CEO. We celebrate this choice. Steve has long been a collaborator with AADD and a strong supporter of the beneficiaries. A link to further details of his appointment is contained above in noteworthy news.

Mental Health Trust Grant 8464.04 for FY 22 is for $65.000. This grant contains the same goals as last year.

1. Advocate for a strong system and best practices through involvement with national trends and organizations.

Funds have supported Design Thinking, Alvin Law and Joe Macbeth as keynote speakers and an ad campaign appreciating DSP’s during DSP Appreciation week.

2.Change management support for leadership and Support for Agency Sustainability and Work Force Development.

 AADD awarded a Rate Rebasing Study to Effective Health Design (Sandra Heffern). She will document the lack of rate reestablishment (regulatory language) of HCBS rates over the last 10 years. In 2011 regulations were passed requiring adjustments every four years. This has not happened. We are asking the administration to address that lack of compliance with an immediate 5% increase to rates. The 5% is the stop loss amount the regulations allow the rates to change. Her work to date has resulted in the letter attached to this report being sent to the Commissioner and legislators. Sandra anticipates a full report completed by January 30, 2022.

Mental Health Trust Grant 13687 – A Study on Care Coordination in Alaska. – The Mental Health Trust fully funded The Study on Care Coordination in Alaska. Champney Consulting and Adkison Consulting are deep in the work. They have hired a statistician. They have completed four focus groups (Anchorage, Kenai, Mat-Su and Fairbanks) to garner the information needed to develop a state wide survey. AADD, the consultants and SDS are meeting monthly to strengthen the partnership needed to assure a quality product.

**MAT-SU FOUNDATION HEALTH FOUNDATION GRANT**

The Mat-Su health Foundation has awarded a grant to AADD in the amount of $15,000. These funds will be utilized to Northwest Strategies to develop 4 job preview videos that providers can use to show Health Care Workers including DSP’s what the job is like. Thank you Kim Champney for the work on this. We are also in negotiations with the Trust for additional funds for this project.

**HOT TOPICS**

Hot Topics calls have been replaced by the COVID group working on the COOP or Continuity of Operations Plan mentioned above in the SDS update. The Template is originally from California. This would be similar to the Crisis Standards of Care utilized by hospitals when overwhelmed. AADD has hosted two COVID Work Groups. Four individuals (or two person groups) have agreed to edit specific sections of the template to work for AADD as a larger organization. The group will review the edits at the next meeting February 9, 2022 (Wednesday) at 11:00. You are welcome to join the group if you are interested.

**ADVOCACY A**laskans Together For Medicaid (ATFM) 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).

A subgroup of ATFM, interested in telehealth, was able to review a draft of the bill Ivy Sponholtz plans to submit. It is titled “An Act relating to telehealth” Due to advocacy on the part of providers, language was included that would allow for reimbursement (at the same rate) for remote Care Coordination. Under the payment section the bills specifically includes “(3) services covered under federal waivers or demonstrations”. The bill does not yet have a number but we will be asking you to support this bill..

**ANCOR**

Briefings: ANCOR continues to host a Friday morning briefing for all ANCOR members.

* ANCOR continues to be hopeful that the Build Back Better Act will move forward in some fashion. Their lobbyist reminds us that the Affordable Health Care act was dead in December but passed in March. He states March is when we will know if it will pass.
* ANCOR staff feel it extremely likely that any state OSHA would contradict the Supreme Court ruling that struck down the OSHA mandate.

**CALENDAR**

January 25 – 31 - Lizette Stiehr out of the office at Family Reunion

February 1, 2022 AADD Board of Director meeting - 9:00

February 1, 2022 Care Coordination Group – 10:30 to 11:30

February 9, 2022 COVID Group on the COOP – 11:00 to 12:00

February 10, 2022 AADD monthly meeting – 11:00 to 12:00

February 17, 2022 Compliance Group – 8:30 to 9:30

February 17, 2022 CFO Group – 10:00 to 11:00

March 1, 2022 AADD Board Retreat re-scheduled following cancellation of 1.20.22

**SUMMARY OF SDS ALERTS**

December 1, 2021 E-Alert: Residential Habilitation Resources Available for Stakeholders

December 3, 2021 E-Alert: More Information on Injunction Suspending Federal Vaccine Mandate

December 7, 2021 E-Alert: Family ECHO tomorrow (Wednesday, December 8th) on Supported Decision making Agreements in Alaska

December 9, 2021 E-Alert: Notice of Proposed Changes on Medicaid coverage, Waiver Services, COVID Flexibilities Made Permanent in the Regulations of the Department of Health and Social Services

December 19, 2021 E-Alert: Update on FY2022 Grant Programs’ Payments

December 27, 2021 E-Alert: National Certificate in Employment Services (NCES) Training Begins January 11th

January 4, 2022 E-Alert: Proposed Changes to Third Party Lability (TPL) and Processing of Medicaid Claims

January 10, 2022 E-Alert: Project ECHO Dementia Telementoring Clinic Launches January 20, 2022

January 10, 2022 E-Alert: Suspension of Training Requirements for Supported Employment Approved by CMS

January 12, 2022 E-Alert: The Family ECHO will resume January 26, 11 AM – 12 PM with a Covid update provider by Dr. Sar Medoff

January 14, 2022 E-Alert: Federal Public Health Emergency Extended to April 16, 2022

January 18, 2022 E-Alert: Change to Approval of non-Emergency medical Transportation (NEMT)

January 20, 2022 E-Alert: Update on Implementation of Vaccine Requirement in Alaska.

January 20, 2022 E-Alert – Frequently Asked Questions on Proposed Amendments to IDD/CFC Level of Care Regulations

A**CCOMPLISHMENTS**

**Strategic and Advocacy Responsibilities**

* Attended Alaskans Together for Medicaid meeting (12.7.21, 12.14.21, 1.9.22, 1.11.22 and 1.18.22)
* Hosted DD Collaborative meeting (12.2.21)
* Met with ATFM Telehealth Subcommittee review legislation (1.5.22)
* Attended ANCOR SAE (State Association Executive) Retreat (1.10.22)

**Leadership and Administrative Responsibilities**.

* Agendas and calendar invitations for weekly leadership meetings with Amanda Faulkner, Cindy Hensley and Michael Bailey
* Sent calendar invites and questions to presenters for monthly AADD meeting and notified the membership and facilitated meeting (12.9.21 and 1.13.22)
* Met with John Lee (SDS) and Brian (PH) and leadership on COOP (12.8.21)
* Met with SDS and Champney and Adkison Consulting on Care Coordination Grant submitted Grant to Mental Health Trust on Care Coordination Study (112.9.21 and 1.18.22)
* Hosted Hot Topics on COVID (12.2.22, 1.12.22 and 1.19.22)
* Met with Living Well Grant small group 4 on grant goals (1.4.22 and 1.11.22)
* Introduced Center for Human Development to providers to develop landscape for new IDD/MH Advisory Board Grant (1.12.22)
* Attended three Care Coordination meetings (12.7.21, 1.4.22 and 1.11.22)
* Met weekly with Champney Consulting (12.1.21, 12.8.21 and 1.5.22)
* Met with Eric Boyer and Vandana from Mat Su Health Foundation on grant from MHT to match $15 for Job Preview videos (1.13.22 and 1.19.22)
* Attended SDS webinar on Regulation Amendments to Level of Care (1.5.22)
* Helped organize Board Retreat – obtain venue (Loussac Library), catering and work with Kim and Amanda on agenda
* Gave public comment in Public Hearing on Permanent Flexibilities (1.14.22)

**Operations Management**

* Worked with Virtual Assistant (our website support) to develop a portal off the website that will be password protected and contain all of our key documents.
* Had Virtual Assistant also create a file within the portal, further password protected with our banking documents.
* AADD currently has 64 members who have paid a total of $85,100 in dues.
* December monthly report incorporated into this joint one sent out January 21, 2022.
* Invoices paid and checkbook updated.

*Respectfully submitted,*

**

*Lizette Stiehr*

*Executive Director, AADD*

*On letterhead*

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

January 12, 2022

Commissioner Crum,

The Alaska Association on Developmental Disabilities is requesting immediate re-establishment of rates for all home and community-based and personal care services retroactive to July 1, 2021. We are requesting the SFY2018 rates be adjusted by the “access” factor of 5% and inflated forward for each subsequent year based on the inflationary adjustments already in place.

Rates for home and community-based and personal care services, governed by regulation 7 AAC 145.520 - Home and community-based waiver services payment rates, were implemented in 2011. Rates should have been re-established at least every four years (2014, 2018, 2022 and so on) using provider cost data collected for rebasing purposes.

In 2014 rates were not re-established. In 2018, rates were also not re-established based on governing regulations 7 AAC 145.525 - Re-establishing and adjusting payment rates in the department's Chart of Personal Care Services, Community First Choice Services and Waiver Services Rates. The 2018 re-establishment of rates did not occur due to implementation of cost containment measures by the Department of Health and Social Services. Yet, the targeted group of mandated providers submitted cost survey information to the Office of Rate Review which could have been used to re-establish rates in subsequent fiscal years. It should be noted that health facility rate rebasing continued as scheduled during the cost containment fiscal years (as governed by 7 AAC 150.160 – Methodology and criteria for approval or modification of a payment rate).

 The cost survey data submitted for the re-establishment of rates in SFY18 are now outdated and no longer useful in determining adjustments. Our request to offer critical immediate rate relief for providers and to follow the intent of the regulations is to apply the 5% “access” factor to SFY18 rates and then apply existing inflation adjustments forward. This also offers a simple straight forward calculation for the Office of Rate Review. Utilizing the access factor ensures the 5% cap on rate increases that the Office of Rate Review would have applied to the cost survey data upholds the intended stop-loss factor.

AADD has had several recent discussions with the department about the dire financial situation many of our members are facing due to the impact of a decade without regulatory re-establishment of rates. Rates of reimbursement have failed to keep pace with many state and federal mandates, regulatory changes, and other systemic changes that have occurred since home and community-based and personal care service rates were established through analysis of provider cost surveys in 2011. While this request for immediate rate relief will provide overdue assistance to providers, we have concerns regarding the rate setting methodology being rendered ineffective over the past 10 years. In the near future, we plan to discuss these concerns in more detail with the department as they relate to system sustainability and access to services.

We look forward to your swift response to our request. We are happy to discuss in more detail at your earliest convenience.

Sincerely,

Amanda Faulkner

Amanda Faulkner

President, AADD

cc. Deputy Commissioner Al Wall

 Director, Senior and Disabilities Services John Lee

 Executive Director, Office of Rate Review Marcey Bish

 CEO, Mental Health Trust Steve Williams

 Chair, Senate HSS Committee Senator David Wilson

 Co-Chair, House HSS Committee Representative Liz Snyder

 Co-Chair, House HSS Committee Representative Tiffany Zulkosky

On Letterhead

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

January 12, 2021

Jetta Whittaker

P.O. 110680

Juneau, AK 99811

Re: Proposed Regulations Amendments to Home and Community Based Services on COVID Flexibilities To Be Made Permanent

Dear Jetta Whittaker:

AADD is very grateful to see the recognition by the Department of the value of many of the flexibilities initially offered through Appendix K. These changes serve to both ease the work load and offer greater person centered choices in alignment with our Shared Vision. Thank you.

In an era of workforce shortages, the ability to allow staff to obtain the necessary training for CPR and First Aid on line, as opposed to in person, is a significant help. Additionally allowing electronic signatures eases the burden on providers and families allowing for more options for submitting documentation and saving time from either required trips in person.

AADD strongly supports the incorporation of distance delivery in a variety of services including employment. Thank you for hearing that the work that went into the development of distance delivery programs, systems and equipment for COVID will not go to waste in the future.

Allowing day habilitation (as limited as that option is) to be offered in residential settings (if approved in the Support Plan) does provide some greater person centered choices. Thank you for recognizing that value.

Care Coordination services struggle with staff shortages and the remote visits allowed care coordinators to carry significantly higher caseloads. AADD is so grateful to see the face to face visit requirements reduced to two visits per year, allowing care coordinators to continue their current caseloads.

During the period of COVID, with so many more employees now working from home it makes sense to allow respite care to be utilized when the primary caregiver needs to be at work. Thank you for this on-going flexibility.

AADD recognizes and appreciates the amount of work these regulations required on the part of SDS staff.

In reviewing the COPS we want to take this opportunity to address some significant issues that have arisen concerning the Employment Services Conditions of Participation. (7 AAC 130.270). Please see our comments and recommendations below:

**7 AAC 130.270** **Employment services.** (a) The department will pay for employment services if they are (9) provided in decreasing amounts over time, as the recipient meets the specific service outcomes and employment-related goals identified in the person-centered support plan;

AS 23.15.095 (c) (2) assist the recipient to accomplish work-related goals identified in a person-centered support plan, and decrease over time as goals are achieved;

SDS recognizes that the goal of providers is to always encourage and work toward decreasing and fading Employment Services, however, there are recipients of service that cannot maintain their employment without ongoing support. Providers offering Employment Services have multiple examples of individuals that need ongoing support. Decreasing/fading Employment Services for some individuals would mean the end of the individual’s employment

**Recommendation: Provide technical assistance to Care Coordinators and ES Providers to be able to maintain supports at a level that will not jeopardize recipients of service employment.**

**AS 23.15.095** (d) The department will not pay for (7) transportation for a recipient, unless it is to or from an employment site, and no other transportation is available for the recipient;

Recipients of service currently living in a Group Home or Family Habilitation home do not have the option of transportation as part of their Employment Service. To be equitable in the authorization of ES units, all recipients of service should be allocated units for transportation. As individuals are typically not the only person living in the home, requiring the staff or family habilitation provider to transport individuals to and from work, or develop a central pickup/drop off point during non-business hours is hard on other recipients of service also living in the home. An example is having to get all the individuals in the home up at 11:00 pm to pick up another recipient of service from work. These COPS make it the provider’s responsibility to provide transportation without the ability to be reimbursed for the associated costs.

**Recommendation: Transportation for all recipients of Employment Services should be allowed regardless of their living arrangements.**

**Employment Services Conditions of Participation**

The requirement for the Employment Services program administrator and the Employment Services Specialist to receive and maintain National Certificationis supported by AADD. However, there are grave concerns about this being required of all DSP’s providing Employment Services. The National Certification requirement for ALL staff performing Employment Services is unwarranted for the service to be delivered in an effective and efficient manner. Requiring the Administrator and Employment Specialists that supervise DSP’s is sufficient and appropriate to ensure quality service delivery.

In today’s IDD service delivery system, DSPs work with many individuals and provide a variety of services with multiple goals and objectives. Some specific trainings for Employment Services would benefit all when it comes to Employment Services. However, 40 hours for the National Certification training is excessive. When there are staff constraints due to illness or living situations emergencies Employment Services are not considered crisis services and staff might be pulled into mandated services. The ability for providers to have an available pool of DSPs as back up to provide Employment Services is necessary for the survival of this service.  If the requirement of the National Certification includes ALL of those providing Employment Services stands, Employment Services as it is currently being delivered will cease to exist.  The National Certification training includes multiple sections such as Vocational Rehabilitation paperwork that supervisors need to know but are not necessary for DSP's supporting recipients on the job itself.  Training all DSPs that provide ES for 40 (non-billable) hours is cost prohibitive for provider agencies, along with the capacity limitations of the training institution of the Center for Human Development.

**Recommendation**

1. **Create a workgroup of provider agencies, CHD, and SDS to implement the following recommendations:**
	1. **Add a third Personnel category of DSP/Job Coach to the COPs. This position would be supervised by an Employment Services Specialist and/or the Program Administrator who is Nationally Certified.**
	2. **Create a shortened/condensed version of some of the Certification modules for this new Personnel category.**
	3. **Allow one year from date of first service of ES to complete the above shortened/condensed newly created course.**

Thank you for extending several of the flexibilities contained in Appendix K. It is deeply appreciated. We look forward to hearing from you on our recommendations.

Sincerely,



Lizette Stiehr

Executive Director

AADD