

MH Aging and Disability Resource Centers Pilot to Improve Screening and Services **FY2013 Request: \$425,000**
Reference No: 54274

AP/AL: Appropriation **Project Type:** Life / Health / Safety
Category: Health/Human Services **House District:** Statewide (HD 1-40)
Location: Statewide **Contact:** Jennifer Klein
Impact House District: Statewide (HD 1-40) **Contact Phone:** (907)465-1870
Estimated Project Dates: 07/01/2012 - 06/30/2015

Brief Summary and Statement of Need:

This request is for a three-year pilot project to use Aging and Disability Resource Centers (ADRCs) to better guide individuals to the most appropriate care setting, increase independence in a community based setting, improve health outcomes for seniors and individuals with developmental disabilities to reduce inappropriate or nursing home placements, decrease cost to the state for unnecessary level of care assessments, and provide a formalized process for assessment and referral for behavioral health services.

Funding:	FY2013	FY2014	FY2015	FY2016	FY2017	FY2018	Total
GF/MH	\$425,000						\$425,000
Total:	\$425,000	\$0	\$0	\$0	\$0	\$0	\$425,000

<input type="checkbox"/> State Match Required	<input checked="" type="checkbox"/> One-Time Project	<input type="checkbox"/> Phased - new	<input type="checkbox"/> Phased - underway	<input type="checkbox"/> On-Going
0% = Minimum State Match % Required		<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Mental Health Bill	

Operating & Maintenance Costs:

	<u>Amount</u>	<u>Staff</u>
Project Development:	425	0
Ongoing Operating:	0	0
One-Time Startup:	0	0
Totals:	425	0

Additional Information / Prior Funding History:

First year request.

Project Description/Justification:

The Division of Senior and Disabilities Services (DSDS) requests \$425,000 for a three-year pilot project to use Aging and Disability Resource Centers (ADRCs) to better guide individuals to the most appropriate care setting, increase independence in a community based setting, improve health outcomes for seniors and individuals with developmental disabilities to reduce inappropriate or nursing home placements, decrease cost to the state for unnecessary level of care assessments, and provide a formalized process for assessment and referral for behavioral health services.

Many beneficiaries receive services and supports through Alaska's home and community based Medicaid waiver programs. Accessing the Medicaid Waiver service system needs to be more efficient and less expensive. Eligibility processes, assessments, level of care determinations, provider referrals and integration with grant funded services are different for each waiver, confusing consumers and providers. Among all those processes, there is no formal assessment or referral process for individuals who experience co-occurring behavioral health disorders and need mental health and/or substance abuse treatment services.

Currently, a person accesses one of the waiver programs through an organization or care coordinator who may have an inherent conflict of interest because they are also a service provider. Although bias is unintended, intake agencies receive a financial incentive for referring an individual for a waiver screening. Because they are often more familiar with their own services, they may influence the development of the service plan to direct the individual to that agency. This conflict of interest inhibits system improvement.

The screening, eligibility, and assessment process is complicated and often misunderstood by applicants and their families. Applicants have denied assessors entry into their homes. Others complain to the assessor that they were not informed that a functional assessment would be necessary. The State bears the full financial burden of the entire assessment process, including costs for failed or inappropriate screenings.

The denial rate based on level of care must improve to contain waiver service costs of entry. Nearly 50% of applicants assessed for physical disability and older adult waivers do not meet the level of care criteria. Once an individual is denied based on level of care criteria, there is no formalized process for assisting individuals to access other less costly home and community based care.

A formalized screening process would allow consumers to receive options counseling through the ADRCs. Options counseling would provide information about less costly home and community based services that would adequately meet the person's needs prior to being assessed for waiver service eligibility. This would speed referrals to appropriate services by eliminating unnecessary assessments (and the wait before), reduce assessment denial rates for the all waivers, and streamline the process of accessing long term care services.

The proposal relies on ADRCs because they do not have a financial interest in directing individuals toward specific services. There is no incentive to refer for an eligibility assessment for waiver services because ADRCs do not provide care coordination services and are prohibited by contract from providing these services. ADRCs are also trained in discussing long term support service options with seniors and people with disabilities. They are best suited to help those who are not likely to qualify for waiver services to connect to other public or private services. The pilot also includes the addition of a substance abuse resource position, to address the ADRCs' lack of capacity or expertise to help individuals experiencing disabilities with co-occurring addiction disorders. A subject matter expert capable providing meaningful referrals and information about services, as well as ongoing resource navigation/coaching, is proposed. Not only is this responsive to the needs identified by the ADRCs, but it is in alignment with departmental priorities around integration of care and the Recover Alaska initiative's objectives.

This recommendation is aligned with Health Goal #1 of the Comprehensive Plan. It also is aligned with the 2008 Recommendations for the Alaska Long Term Care Plan commissioned by the Department of Health and Social Services pursuant to SB61 (2007). Specifically, it follows the recommendation to restructure the process for matching people with funding sources in order to direct individuals to the most cost effective service options and to restructure care coordination so that care coordinators work independent from service providers.

Outcomes are expected to include:

- decreased rate of denials based on level of care criteria;

- increased access of appropriate community based services and supports after Options Counseling;
- decreased costs associated with inappropriate assessments and denials; and
- increased number of Alaskans with co-occurring disabilities and substance use disorders accessing substance abuse treatment.

The recommended capital appropriation includes funding for evaluation of the project to demonstrate cost savings and improved outcomes for consumers.

Failure to fund this proposal would result in the Department of Health and Social Services continuing to bear the financial burden for inappropriate and denied eligibility assessments. Alaskans with disabilities will either continue to wait longer for referral to the rights services because of inappropriate direction to the Medicaid Waiver programs or not be referred to the right services at all.

Mission:

To promote and protect the health and well-being of Alaskans.

End Result:

The mental health of Alaskans is optimized. The physical health of Alaskans is optimized. Vulnerable Alaskans have a safe living environment.