State of Alaska
FY2010 Governor's Operating Budget

Department of Health and Social Services
Senior and Disabilities Services
Results Delivery Unit Budget Summary

Senior and Disabilities Services Results Delivery Unit

Contribution to Department's Mission

The mission of the Division of Senior and Disabilities Services is to promote the independence of Alaskan seniors and persons with physical and developmental disabilities.

Core Services

- Institutional and community based services for older Alaskans and persons with disabilities.
- Protection of vulnerable adults

End Result	Strategies to Achieve End Result
A: Improve and enhance the quality of life for seniors and persons with disabilities through cost-effective delivery of services. Target #1: Reduce % of Medicaid recipients not receiving medical assessments to less than 5%. Status #1: SDS is currently assessing approximately 95.5% of applicants for Medicaid services. There is a small percentage of applicants for CCMC Waiver Services that can not be easily assessed with a standard assessment tool. These applicants make up the majority of the 4.5% of recipients not being assessed on the chart below.	**A1: Arrange for beneficiaries to receive a medical assessment to determine what services they are eligible for and at what level. Through prior authorization process, ensure beneficiaries only receive the services they are eligible to receive.**
End Result	**Strategies to Achieve End Result**
B: Promote improved service and compliance with federal/state regulations through provider agencies. Target #1: Reduce incidence and severity of errors resulting in audit findings by 10% by providing adequate training to provider agencies. Status #1: Current Medicaid payment error rates are less than 10% each year from FY05-FY07. However, SDS is not hitting the target goal of a 10% reduction in error rate from each period year's rate; in fact, error rates have increased. SDS will work towards more provider agency training.	**B1: Develop, implement and maintain an on-going system of review and improvement through Technical Assistance Plans for each grantee and provider agency. Provide eight care coordination training sessions each year in Alaskan communities.**
End Result	**Strategies to Achieve End Result**
C: Ensure manageable caseload number in Adult Protective Services (APS) and Quality Assurance Units to provide timely investigations. Target #1: Reduce APS staff assigned case loads by 10%. Status #1: The National Adult Protective Services	

Association recommends an average case load of 25 cases per worker. The national average is approximately 35 cases per worker. SDS Adult Protective Services staff carry case loads of approximately 78 cases per case investigator, more than 3 times the recommended national average.

Target #2: Reduce length of time a case is open by 10%.
Status #2: Adult Protective Services case investigators have ten days to investigate a report of harm, abuse and/or neglect. The highest average number of days it takes to investigate a new case is 2.6 days.

FY2010 Resources Allocated to Achieve Results

**FY2010 Results Delivery Unit Budget: $412,611,200**

Personnel:

Full time	124
Part time	1
Total	**125**

Performance

A: Result - Improve and enhance the quality of life for seniors and persons with disabilities through cost-effective delivery of services.

Target #1: Reduce % of Medicaid recipients not receiving medical assessments to less than 5%.
Status #1: SDS is currently assessing approximately 95.5% of applicants for Medicaid services. There is a small percentage of applicants for CCMC Waiver Services that can not be easily assessed with a standard assessment tool. These applicants make up the majority of the 4.5% of recipients not being assessed on the chart below.
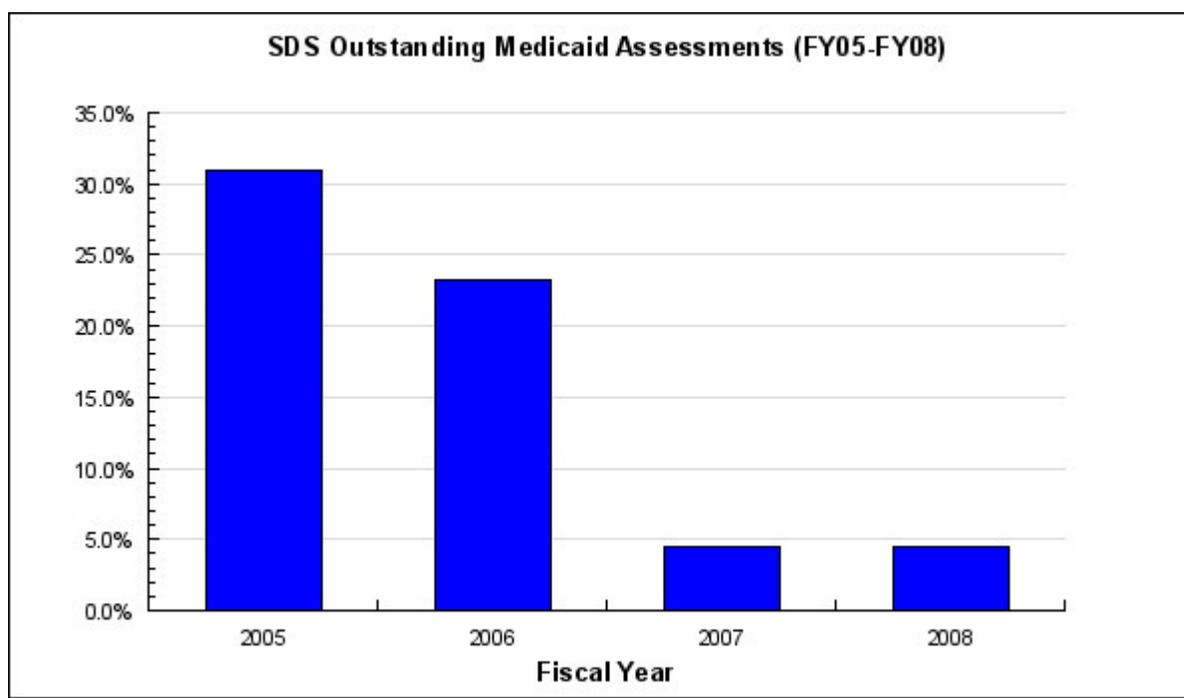
Methodology: This chart shows the percentage of Senior and Disabilities Services Medicaid recipients that have not been assessed using a standardized assessment tool by an objective assessor from FY05-FY08.

SDS Outstanding Medicaid Assessments (FY05-FY08)

| Fiscal Year	% Not Reviewed
FY 2008	4.5%
FY 2007	4.5%
FY 2006	23.18%
FY 2005	30.9%

Analysis of results and challenges: The Personal Care Attendant (PCA) program was the only Medicaid program that did not require a state-approved medical assessment to receive services until implementation of new regulations in April of 2006. These new regulations began requiring a state-approved medical assessment and prior authorization of Medicaid benefits to ensure that beneficiaries are only receiving the services they are eligible to receive. This table shows the percentage of outstanding Medicaid assessments from FY2005-2008. Senior and Disabilities Services (SDS) has worked hard to catch up on back-logged Medicaid Waiver assessments through a contractor, state staff authorized to perform assessments and through agencies with staff on-site that have the appropriate credentials to complete assessments. In spite of these efforts, there were too many pending assessments required when new regulations went into effect in April of 2006 for the Personal Care Attendant program. SDS has dramatically decreased the assessment back-log but will not be caught up until all recipients receiving PCA services have been assessed. SDS is working hard to get all assessments completed within 30 days of assignment to an assessor.

A1: Strategy - Arrange for beneficiaries to receive a medical assessment to determine what services they are eligible for and at what level. Through prior authorization process, ensure beneficiaries only receive the services they are eligible to receive.

B: Result - Promote improved service and compliance with federal/state regulations through provider agencies.

Target #1: Reduce incidence and severity of errors resulting in audit findings by 10% by providing adequate training to provider agencies.
Status #1: Current Medicaid payment error rates are less than 10% each year from FY05-FY07. However, SDS is not hitting the target goal of a 10% reduction in error rate from each period year's rate; in fact, error rates have increased. SDS will work towards more provider agency training.
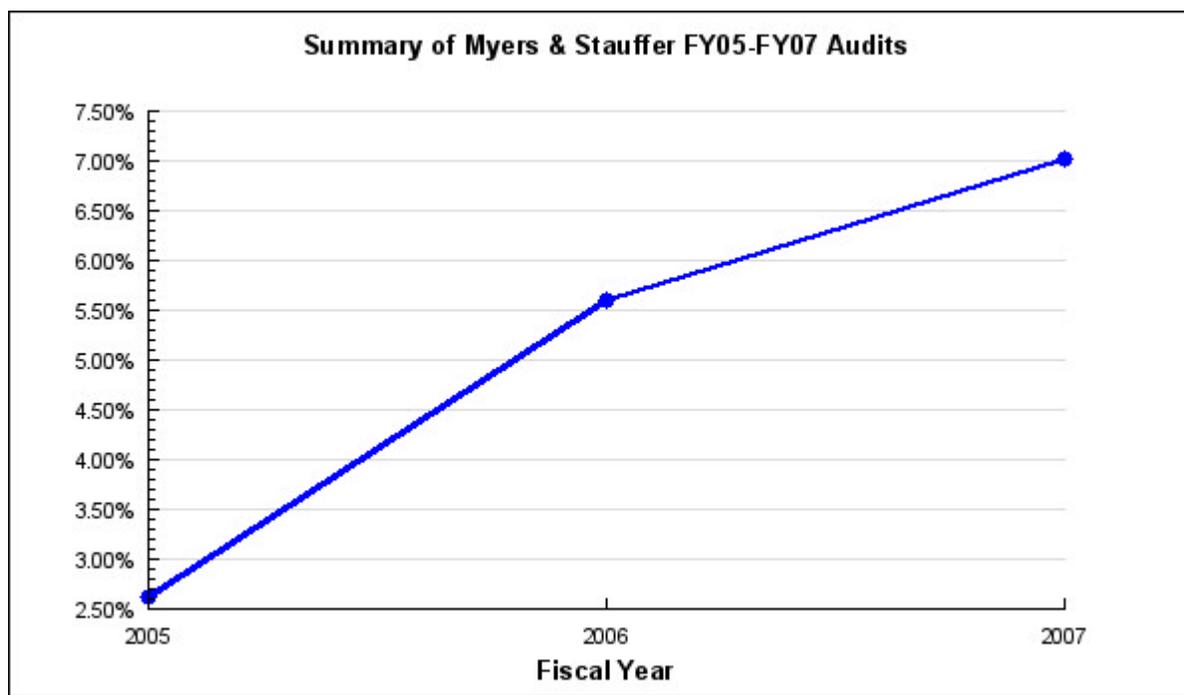
Methodology: Myers & Stauffer presents their audit findings in the early spring each year. FY08 error rate updates should be out at that time.

Summary of Myers & Stauffer FY05-FY07 Audits

| Fiscal Year	Error Rate
FY 2007	7.03%
FY 2006	5.61%
FY 2005	2.63%

Analysis of results and challenges: The chart shows SDS Medicaid programs that have been audited by Myers and Stauffer and the percentage of audit exceptions that have been assigned to each program after audit findings have been presented to the appropriate agencies and have been given a chance to respond. This process eliminates some intial audit findings. Audits are completed in the spring following the end of each fiscal year. FY08 audits will be completed in the spring of 2009.

B1: Strategy - Develop, implement and maintain an on-going system of review and improvement through Technical Assistance Plans for each grantee and provider agency. Provide eight care coordination training sessions each year in Alaskan communities.

C: Result - Ensure manageable caseload number in Adult Protective Services (APS) and Quality Assurance Units to provide timely investigations.

Target #1: Reduce APS staff assigned case loads by 10%.
Status #1: The National Adult Protective Services Association recommends an average case load of 25 cases per worker. The national average is approximately 35 cases per worker. SDS Adult Protective Services staff carry case loads of approximately 78 cases per case investigator, more than 3 times the recommended national average.
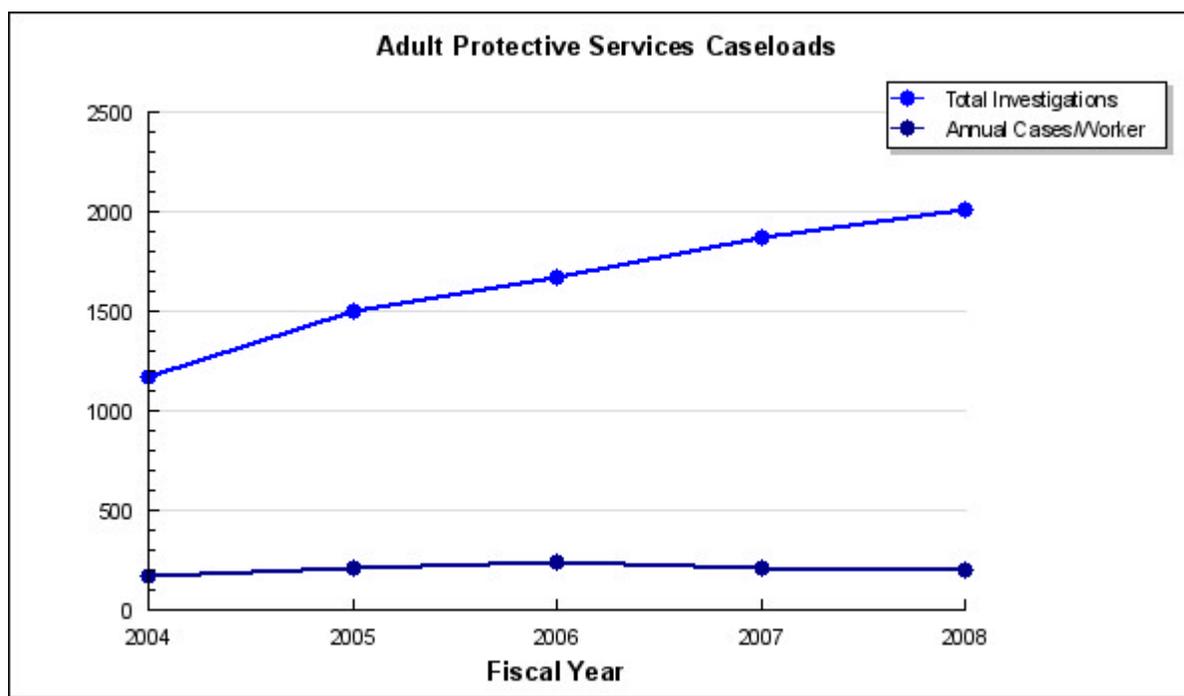

Adult Protective Services Caseloads

Fiscal Year	Total Investigations	Full Time Workers	Annual Cases/Worker	Days to Investigate
FY 2008	2013 +7.88%	10 +11.11%	196 -5.31%	2.24 +6.67%
FY 2007	1866 +12%	9 +28.57%	207 -13.03%	2.1 -19.23%
FY 2006	1666 +11.29%	7 0%	238 +11.21%	2.6 0%
FY 2005	1497 +27.62%	7 0%	214 +27.38%	0 0%
FY 2004	1173	7	168	0

Analysis of results and challenges: The annual caseload for an Adult Protective Services (APS) case worker was steadily on the rise from FY04 to FY06. From FY04 to FY05, the average caseload increased by more than 27%. From FY05 to FY06, the average caseload increased again, this time by more than 11%. From FY06 to FY07 the average caseload decreased by more than 13% after two new case workers were hired. Based on this unexpected growth, Senior and Disabilities Services has added five new positions since FY06. Because of these new positions, FY07 finally saw a decrease in the number of open cases per case worker. With the addition of two new positions in FY09, Senior and Disabilities Services will expect to see a decrease to the number of annual cases per case worker. The APS Unit received two new case manager positions in the FY09 budget and has just recently filled the last vacant position in the unit. With the new positions, the APS Unit will have four supervisors, seven case investigators, two case managers and two intake workers. With this many staff, SDS is optimistic that case load numbers will decrease to more manageable levels.

Target #2: Reduce length of time a case is open by 10%.
Status #2: Adult Protective Services case investigators have ten days to investigate a report of harm, abuse and/or neglect. The highest average number of days it takes to investigate a new case is 2.6 days.
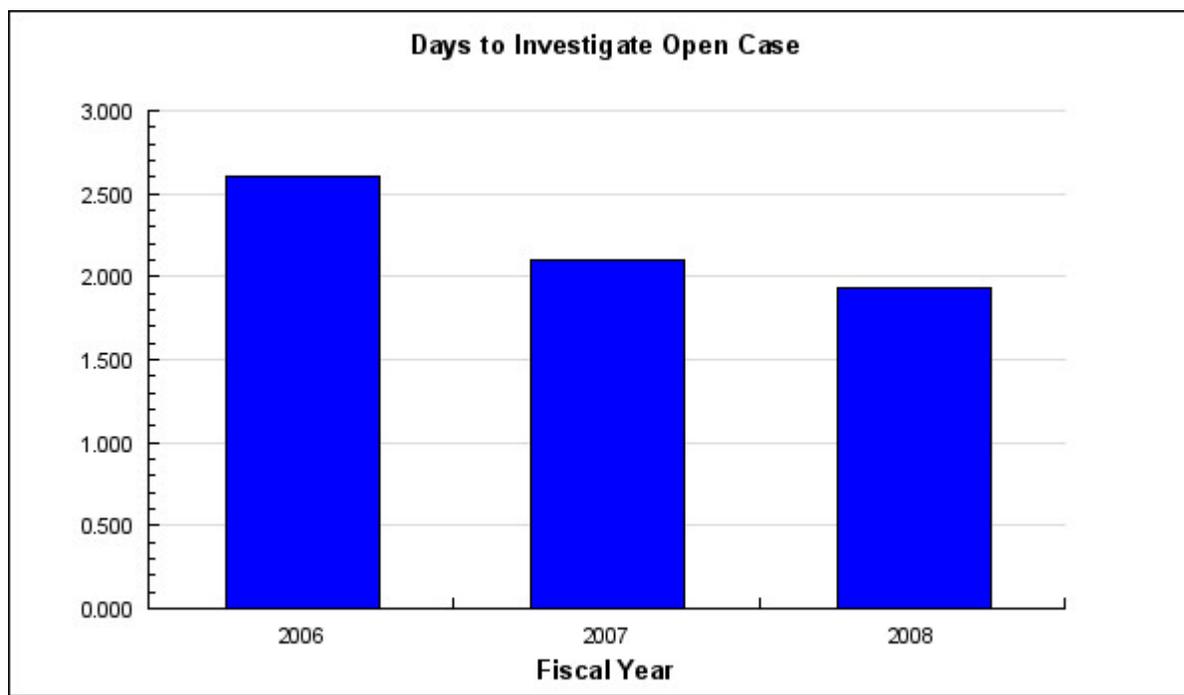
Days to Investigate Open Case

Fiscal Year	Days to Investigated	YTD Total
FY 2008	1.932 -8%	1.932 -8%
FY 2007	2.1 -19.23%	2.1 -19.23%
FY 2006	2.6	2.6

Analysis of results and challenges: The average length of time it took to investigate a new case was approximately 2.6 days in FY06, when there were only seven case workers. In FY07, two additional case worker positions were added, bringing the average length of time to investigate a report of harm down to 2.1 days. In FY08, SDS added three additional positions, for a total of 12. With these new positions, Senior and Disabilities Services anticipates a decrease to the number of annual cases per worker of more than 13.75%. Senior and Disabilities Services anticipates that with additional new staff being added in FY08 that the number of days it takes to investigate a new case could drop to less than two days.

Key RDU Challenges

Key issue for the Division of Senior and Disabilities Services (SDS) is cost containment of the Medicaid Waiver and Personal Care Attendant (PCA) programs. To accomplish this, the division must:

- Improve procedures for maintaining the Developmental Disabilities Registry (DD Registry) to assure the criteria for listing are consistent, objective and meaningful. It is the intent of the Legislature that DHSS act expeditiously in the administrative processing of applicants on the DD Registry so that they may receive services quickly. Unfortunately, services are not available in every Alaskan community. Quick administrative processing does not guarantee that services are available where clients reside.

- Review and revise regulations relating to the General Relief/Temporary Assisted Living Program, whereby the program a) provides services only to clients actually experiencing harm, abuse, or neglect; and, b) minimizes the time clients spend in state-funded alternative housing. If SDS raises the eligibility threshold for this program, we are likely to see increases in costs to other assisted living and welfare programs within the department. For that reason, the department will address this problem from a departmental perspective.
- Hire and train staff to begin completing assessments. On 10/31/07, two contracts for the completion of waiver assessments expired. Applicants for Medicaid services cannot begin receiving services until they have been assessed.
- Strengthen the Quality Assurance Unit which monitors program compliance, quality of services and detection of suspected fraud, by conducting random audits, utilization reviews, and client satisfaction interviews.
- Control costs in Medicaid Programs.

Significant Changes in Results to be Delivered in FY2010

Effective 11/1/07, the Division of Senior and Disabilities Services (SDS) began using state employees to conduct Medicaid assessments, thereby giving SDS more control over the Medicaid assessment process. SDS employees also began to perform care coordination, and give clients the choice between using agency-based, private or state care coordinators.

These changes should result in more programmatic consistency among these functions and allow the greatest number of clients to be served with the resources that are available.

Major RDU Accomplishments in 2008

During FY08, the Division of Senior and Disabilities Services provided home and community-based services to more than 7,475 individuals and their families. By providing these services in the community setting, the division was able to delay the entry of these individuals into institutions, thereby reducing costs to the state.

In FY08, there were 736 nursing home beds statewide in Alaska. SDS served 1,457 individuals in nursing homes.

The division continued to provide technical assistance to Assisted Living Homes and to communities for the expansion of Home and Community Based services. SDS also continued participating in workforce development projects for the recruitment and retention of direct service workers.

Contact Information
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Senior and Disabilities Services
RDU Financial Summary by Component

All dollars shown in thousands

	FY2008 Actuals				FY2009 Management Plan				FY2010 Governor			
	General Funds	Federal Funds	Other Funds	Total Funds	General Funds	Federal Funds	Other Funds	Total Funds	General Funds	Federal Funds	Other Funds	Total Funds
Formula Expenditures												
Senior/Disabiliti es Medicaid Svc	128,245.1	158,780.9	2,571.4	289,597.4	157,271.7	185,988.1	2,879.8	346,139.6	171,612.6	192,216.5	3,752.2	367,581.3
Non-Formula Expenditures												
Genl Relief/Temp Assisted Living	0.0	0.0	0.0	0.0	3,488.7	0.0	0.0	3,488.7	3,488.7	0.0	0.0	3,488.7
Senior/Disabiliti es Svcs Admin	5,391.9	5,701.4	298.6	11,391.9	5,108.0	7,188.2	139.9	12,436.1	5,510.4	7,575.9	302.5	13,388.8
Protection and Comm Svcs	6,218.7	0.0	0.0	6,218.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Senior Community Based Grants	4,889.9	5,398.4	372.9	10,661.2	6,256.9	6,043.4	385.3	12,685.6	6,256.9	6,043.4	385.3	12,685.6
Senior Residential Services	815.0	0.0	0.0	815.0	815.0	0.0	0.0	815.0	815.0	0.0	0.0	815.0
Community DD Grants	6,984.3	0.0	4,474.3	11,458.6	13,661.1	0.0	864.9	14,526.0	13,661.1	0.0	990.7	14,651.8
Totals	**152,544.9**	**169,880.7**	**7,717.2**	**330,142.8**	**186,601.4**	**199,219.7**	**4,269.9**	**390,091.0**	**201,344.7**	**205,835.8**	**5,430.7**	**412,611.2**

Senior and Disabilities Services
Summary of RDU Budget Changes by Component
From FY2009 Management Plan to FY2010 Governor

All dollars shown in thousands

	General Funds	Federal Funds	Other Funds	Total Funds
FY2009 Management Plan	**186,601.4**	**199,219.7**	**4,269.9**	**390,091.0**
Adjustments which will continue current level of service:				
-Senior/Disabilities Medicaid Svc	-1,027.1	458.4	0.0	-568.7
-Senior/Disabilities Svcs Admin	237.4	222.2	-137.4	322.2
-Senior Community Based Grants	0.0	0.0	-385.3	-385.3
-Community DD Grants	0.0	0.0	-227.5	-227.5
Proposed budget decreases:				
-Senior/Disabilities Medicaid Svc	0.0	-11,000.0	0.0	-11,000.0
Proposed budget increases:				
-Senior/Disabilities Medicaid Svc	15,368.0	16,770.0	872.4	33,010.4
-Senior/Disabilities Svcs Admin	165.0	165.5	300.0	630.5
-Senior Community Based Grants	0.0	0.0	385.3	385.3
-Community DD Grants	0.0	0.0	353.3	353.3
FY2010 Governor	**201,344.7**	**205,835.8**	**5,430.7**	**412,611.2**