

Presentation to the Alaska State Hospital & Nursing Home Association

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1115 Waiver Update

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- The Application for Alaska's 1115 Behavioral Health Waiver Demonstration was completed and filed on January 31, 2018
- After a two-week review period, CMS declared Alaska's application complete and it was accepted.
- CMS opened up a month-long public comment period: February 15 – March 17
- Links to the federal comment and the Alaska application:
- <https://public.medicaid.gov/connect.ti/public.comments/viewQuestionnaire?qid=1895139>
- http://dhss.alaska.gov/HealthyAlaska/Documents/redesign/AK_1115_WaiverApplication.pdf

What's Next for Alaska and the 1115?

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- Once the public comment period closes, DHSS/DBH staff will be engaging in frequent meetings to discuss the plan put forth by the proposed demonstration.
- The thrust of Alaska's waiver is to improve access to behavioral health care services statewide by
 - 1) intervening as early as possible in the lives of Alaskans experiencing behavioral health symptoms;
 - 2) rebalancing our current system away from its over-reliance on emergency and acute-level care, moving away from longer term residential and institutional care to more community- or regional-based care; and
 - 3) improving overall accountability of our behavioral health system of care by reforming the present system with the support of an ASO experienced in the delivery of behavioral health services.

What's Next?

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- CMS will be negotiating with DHSS over our plan to improve on the existing system while, by the end of the five year project, maintaining cost neutrality.
- We have, as a part of this effort, sought to remove the Institutions for Mental Diseases (IMD) exclusion from residential substance use treatment programs, allowing these programs to expand their treatment bed capacity beyond just 16 beds, allowing Medicaid-eligible Alaskans to hopefully find a bed when they are ready for treatment.
- The goal: that Alaskans leaving withdrawal management programs and finally agreeing to treatment for their addiction(s) will be able to quickly and smoothly transfer to a treatment bed instead of a waiting list.

Timeline

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- As we have stated from the outset, we believe it will take approximately a year for the State to complete these discussions with CMS.
- We hope to have an approved 1115 waiver demonstration by the spring of 2019.
- This coincides nicely with other, associated work related to bringing this complex project on line:
 - The processes around developing and negotiating a contract for an Administrative Services Organization
 - The adoption of a significant package of administrative regulations tied both to the changes necessitated by the 1115 and a clean-up of the integrated behavioral health regulations first adopted in 2011
 - The adoption of significant amendments to the State's Medicaid Plan, also tied to the service changes contemplated by the 1115

The ASO Process

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- The ASO RFP is undergoing final development and review within DHSS
- At the request of providers, DHSS will provide an opportunity for comment on the ASO later in March, after the federal public comment period on Alaska's 1115 waiver application has closed
- The purpose of this comment period is to hear where providers are at this point in their learning about ASOs and to benefit from the education providers have undertaken over the last two years, as we finalize the State's RFP for an ASO's services

The ASO Process

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- **DHSS intends to release the RFP in mid-April, giving potential companies no later than the end of July to respond**
- **We hope to have signed a contract by the end of this year, so that the ASO has six-months start up time before Alaska undertakes introduction of the waiver and its new services at the beginning of FY2020 (July, 2019)**
- **This gives us some wiggle room for our discussions with CMS over the 1115 waiver, so if it takes more than 12 months, we hopefully will have our redesigned behavioral health system of care in place and ready to go mid-2019**

As planned just two years ago now.....

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- Alaska would then have an approved waiver at approximately the same time the ASO's provider enrollment, claims payment, and data management systems were in place so that the ASO would be ready to begin enrolling eligible 1115 waiver recipients and working with communities and their providers to phase-in the establishment of the new services called for in the waiver demonstration
- Fiscal Year 2020 becomes **Year One** for the 5 years of Alaska's 1115 Waiver Demonstration

Alaska Psychiatric Institute

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- API, as a facility, is having a mid-life crisis:
- First, it needs and is going through an expensive but very necessary face-lift, retrofitting every bathroom and portions of every bedroom to meet Joint Commission ligature findings
- Secondly, it is finding that it always too small and needs to let out its seams: the Trust Authority, at the request of DHSS, is undertaking a study of whether - as originally conceived - API could add another wing, giving it up to 20 additional beds to meet the statewide demand for more involuntary psychiatric treatment beds, possibly including some additional adolescent beds or beds for other identified special populations

API and its Forensic Population

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- Third, API also wants to find an appropriate way to separate itself from an increasingly difficult population that needs to find its own home: the forensic population
- The House is seeking Legislative and Trust Authority support for a feasibility study to explore the value of establishing a forensic hospital in Alaska, given the various demands on API and the general needs of the mentally ill correctional population.
- The study would look at Alaska's needs for forensic beds in order to admit, evaluate, and treat criminal defendants
 - needing competency evaluations,
 - found incompetent to stand trial who need treatment to determine if they can be restored to competency in order stand trial,
 - found non restorable and civilly committed to API (including dangerous persons who often have committed serious felonies),
 - found Guilty but Mentally Ill (GMI) and held in prisons,
 - found Not Guilty by Reason of Insanity (NGRI) and committed to API's forensic unit, or
 - found guilty of a variety of crimes where competency was not raised and who have been incarcerated but who are experiencing a mental illness and need ongoing treatment because of the severity of their symptoms.

Most acutely, however....

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- API has a current and looming nursing shortage
- API is currently only operating 56 out of its 80 beds [one of its two larger units (24 beds) is closed for renovations]
- In mid-March the number of operating beds will drop to 54, as its final, largest unit (26 beds) is closed for renovations
- In mid-April, the renovations will be completed, but it is doubtful – because of its shortage of RNs, that API be able to operate at its full capacity of 80 beds
- We will keep all of you apprised closer to mid-April as to what we are able to safely operate
- We have been meeting with Southcentral Alaska hospitals and are going to be implementing some admissions changes that should somewhat help mitigate the stress on hospital ED's during this perfect storm of problems affecting API
- Finally, we ask that ASHNHA and its members continue to support the pending DSH increment to support hospitals impacted by the lack of treatment beds at API

Thank you!

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Questions?

Please feel free to ask the Commissioner! 😊

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