

Alaska Mental Health Trust Authority Request for Letters of Interest

The Alaska Mental Health Trust Authority (the Trust) is seeking Letters of Interest from qualified parties capable and interested in designing a comprehensive implementation plan for a 1915(i) Home and Community-Based Services state plan (1915(i) hereafter). This plan shall include, but not limited to eligibility criteria, target population, and services, which will then allow for a cost impact analysis to be completed. Both the implementation plan and cost impact analysis are needed in order for the Department of Health and Social Services (DHSS) to support jointly implementing 1915(i) and 1915(k) amendments to the Alaska Medicaid State Plan.

The Trust Background

The Alaska Mental Health Trust Enabling Act was passed by Congress in 1956 as a mechanism for the Territory of Alaska to have a source of income to fund the mental health program in Alaska as responsibility transferred from the Federal government. One million acres were granted with the Legislature identified as Trustee to the endowment. Alaska however did not maintain a separate accounting of revenue produced on Trust lands versus other state lands. Additionally a considerable amount of Trust lands were conveyed to private individuals and municipalities. A class action lawsuit (Weiss v. State) was initiated in 1982 after individuals in need of mental health services were unable to obtain the services in Alaska. The plaintiffs alleged the State breached their trust duties by failing to account for Trust revenues, using revenue from Trust lands for other purposes and designating mental health trust lands for other purposes than what their trust duties required. The lawsuit was eventually settled in 1994 and resulted in creation of the Trust directed by a board consisting of seven Trustees. The lawsuit settlement resulted in The Alaska Mental Health Trust Authority (The Trust) being reconstituted with approximately 1,000,000 acres of land (original and replacement lands) as well as \$200 million in cash in recognition that replacement lands were of lower value than the land originally selected for The Trust.

The Trust's beneficiaries include Alaskans who experience:

- People with mental illness
- People with developmental disabilities
- People with chronic alcoholism and other substance related disorders
- People with Alzheimer's disease and related dementia, including people who have experienced a traumatic brain injury resulting in a permanent disabling condition.

Project Background

Many Trust beneficiaries do not meet the current eligibility criteria to qualify for services. For example, those seeking services through Senior and Disabilities Services (SDS) and require assistance with activities of daily living and instrumental activities of daily living may not meet the Nursing Facility Level of Care (NFLOC) required for the current 1915(c) Home and Community-Based waiver program. Beneficiaries may be functionally able to perform tasks but require prompting and cueing to know when and how to perform these tasks. Persons with Alzheimer's disease and related dementias (ADRD) who do not qualify for NFLOC are often limited to core services provided by senior grants. Under a 1915(i), beneficiaries would qualify for personal care, home health aides, companion services, crisis intervention,

family caregiver training, and other services that will help them to live longer in the community. For beneficiaries seeking services through the Division of Behavioral Health, they may need services and supports to prevent institutionalization but do not meet DSM diagnosis criteria to qualify for rehabilitative services. Additional challenges for beneficiaries who have complex needs or dual diagnoses and require services from both systems could also be served through 1915(i) services.

Implementing the 1915(i) amendment would provide a broad array of appropriate services for Trust beneficiaries who are at risk of being placed in inappropriate care settings or transitioning out of programs such as skilled nursing facilities, the Alaska Psychiatric Institute, intermediate care facilities for individuals with intellectual disabilities, residential psychiatric treatment center, the Department of Corrections and would provide services for those who are/at-risk of being homeless. For beneficiaries who “fall through the cracks” and are not eligible for long-term community supports there can be increased costs providing them services, which may be a result from emergency room visits, hospitalizations, and cycling in and out of institutional settings. The 1915(i) would allow for a more appropriate funding source (using federal match) for individuals who require assistance through the State’s General Relief Assisted Living program, which is intended for emergency and temporary placement but has become a default long-term supported housing program for many Trust beneficiaries by placing them in assisted living homes. The 1915(i) could also provide a new funding source for the Pioneer Homes for elderly residents with ADRD who do not meet the NFLOC and rely on the State’s Payment Assistance Program to fund their care. Further, the 1915(i) presents an opportunity to refinance the current Personal Care Assistance program for individuals who do not meet NFLOC.

To consider the feasibility of implementing the 1915(i) amendment, former DHSS Commissioner Streur recommended that an implementation plan and cost analysis be completed. By concurrently implementing the 1915(i) and 1915(k), the cost per beneficiary can be reduced by providing appropriate long-term support services in the community which help to prevent higher level medical costs from more intensive care settings. However, serving more people at lower levels of care could also increase costs to the State. The fiscal impacts of implementing the 1915(i) and 1915(k) are complex and need to be assessed. A phased-in plan for implementation may be an appropriate strategy to consider in the cost analysis.

The combination of waiver services provided by the 1915(i) and 1915(k) amendments would serve eligible Trust beneficiaries with physical, cognitive, and behavioral needs who income qualify for the Medicaid program and have functional needs but do not meet level of care requirements. Other states have amended their State Plan Plans to include a 1915(i) option. The study for the 1915(k) has been completed for DHSS.

The 1915(i) allows for a broad comprehensive service array that includes rehabilitative and habilitation services, supportive housing, supportive employment, case management, adult day health services, homemaker, personal care, respite, psychosocial rehabilitation, clinic services, and other services approved by the Centers for Medicare and Medicaid. The target population could include Trust beneficiaries with serious mental illness, chronic alcoholism, developmental disabilities, brain injury, and Alzheimer’s disease and related dementia. The 1915(i) also includes housing modification, assistive technology, and medical supplies and supports that are currently covered under 1915(c) services but would not be allowed under the 1915(k) option should the DHSS move forward with implementing the 1915(k) amendment only.

Scope of Work and Project Deliverables

The contractor shall produce a final report that includes a comprehensive implementation plan with specific information and recommendations related to compliance with Olmstead that will allow for a cost impact analysis taking into account eligibility criteria, target populations and service packages to be provided.

The contractor shall conduct research, meet with stakeholders, and provide options for eligibility criteria, target populations, service packages, and design implementation recommendations tailored to Alaska's unique dynamics.

Trust beneficiaries who are underserved or unserved by current services will have access to an appropriate array of services to prevent placement in inappropriate care settings and allow them to live longer in the community. Research and data should be collected to accurately assess the number of beneficiaries currently receiving services who would be impacted if a 1915(i) should be adopted. This should also identify additional individuals who may be newly eligible for services due to Medicaid expansion.

Desired Qualifications

A minimum of five (5) years' experience in providing expert consulting services to State Medicaid agencies, including behavioral health and senior disabilities services, the most recent being within the last three years is preferred. Documented proof of successful completion of analytic research efforts related to performing at least three projects, in any of the following areas, on at least a statewide or regional level:

- Long-Term Care Plan or Study
- Aging or Disabilities Services Plan or Study
- Home and Community-Based Services Waiver Program Analysis or System Plan

Letters of Interest from qualified parties should include a brief statement of qualifications and experience, comments on the project parameters and goals, and an expected budget range. Please keep responses to 30 pages or less. Responses must be received electronically on or before Monday, January 12, 2015 at 1:30 p.m. Alaska prevailing time at the attention of:

Valette Keller
Administrative Manager
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907.269.6039

This Request for Letters of Interest does not constitute a solicitation and provides no guarantee that the Trust will proceed with a formal solicitation and/or contract award based on responses. The Trust is not responsible for any costs associated with the preparation of responses.