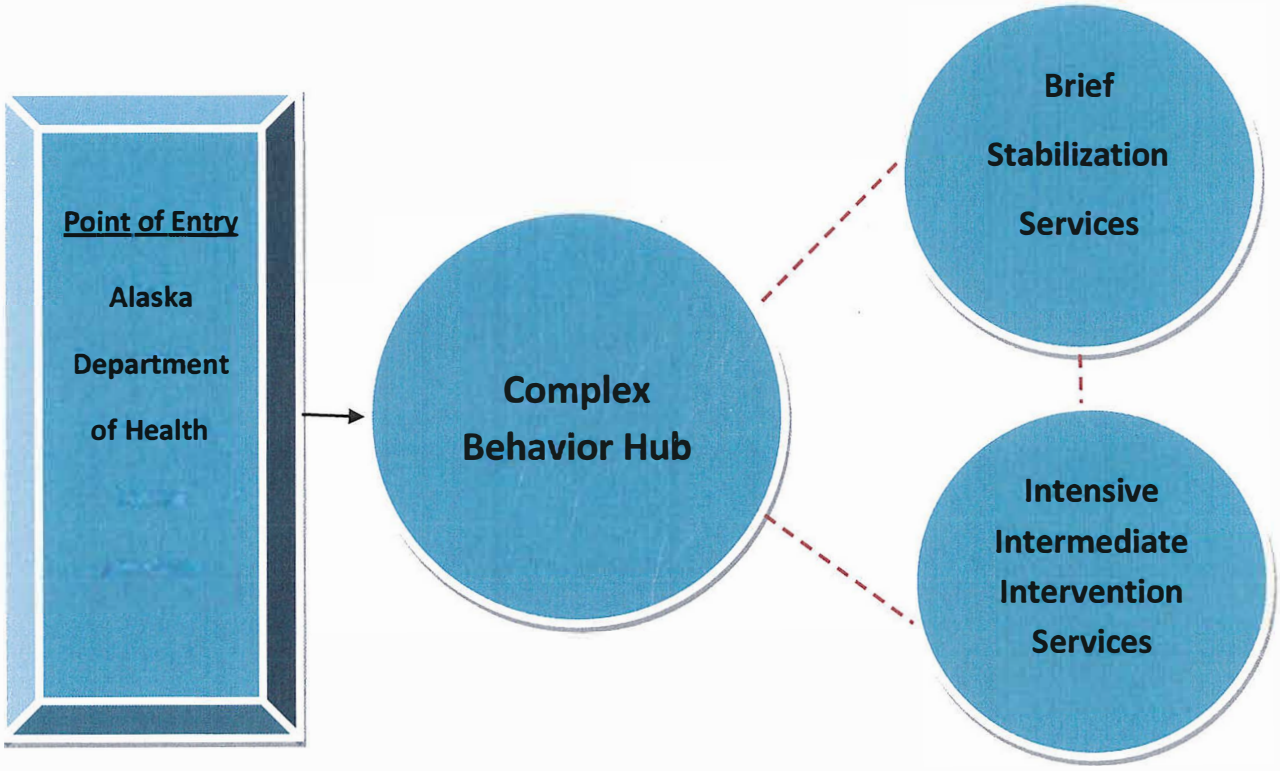
Alaska Complex Behavior Collaborative

Investment in Alaska's workforce and services for individuals with cognitive disabilities and complex behavioral needs



Executive Summary

In partnership with the State of Alaska -Department of Health and Department (DOH), Department of Family and Children Services (DFCS) and the Alaska Mental Health Trust Authority (Trust), the Western Interstate Commission for Higher Education (WICHE) led the second phase of a project intended to improve the system of care for a sub-population of vulnerable Alaskan beneficiaries. The initial work of Phase I completed by WICHE in July 2009 was reported in the Issue Analysis and Options Brief -Alaskans at-risk of out-of-home placement due to complex behavior management needs. After reviewing the initial report it was determined by the key stakeholders Workgroup within the DOH and DFCS that a Phase II to this project was necessary. Through partnership between the DOH and DFCS and the Trust, a Phase II contract was developed with WICHE to perform further analysis and specific systems recommendations for improving the current system of care for those individuals who are difficult to treat in community based programs due to complex behaviors and are thus at risk for out-of-State placement. At the request of the Workgroup, WICHE agreed to the following for Phase II:

- Identify service options for the population to be served;
- Assess the Medicaid reimbursement rate structure; and
- Outline three (3) models for Alaska to consider, which will address serving individuals with complex behavior management needs.

Phase II occurred from March through September of 2010, with input and guidance from Alaska's Complex Behaviors Workgroup and has resulted in the development of a comprehensive recommendation for the effective care of Alaskan beneficiaries, specifically targeting individuals with cognitive disabilities and challenging behaviors who often present safety issues for themselves and, or others and therefore are at risk for institutional or out-of-State placement. It was recognized that beneficiaries other than those with cognitive disabilities may also have complex behaviors and could benefit from additional services; however, the Workgroup identified the target population for Phase II with the understanding that other population groups may benefit over time from the services that are developed and from the resultant enhanced workforce capacity.

Alaska's current system of care does not include the appropriate continuum and array of services for individuals with cognitive disabilities and complex behaviors. Because of this, many of these individuals are served by the Alaska Psychiatric Institute (API), where they languish in an unnecessarily restrictive environment for extended periods of time, or they are inappropriately held in places such as jails and emergency rooms. Many are ultimately sent out-of-State for care, where in many cases they remain indefinitely. Risk for out-of-State placement typically occurs when the individual exhibits behaviors that are so complex that they are

outside the range of expertise of local caregivers and providers, or the available treatment options in State have been exhausted without resultant success for the individual. The result of the lack of appropriate services in Alaska is significant financial cost to the State and personal cost to the individuals and their families.

This document identifies service options for the identified population, as well as the costs and benefits of implementing the recommended services. Additionally, it addresses the long-term fiscal incentives to the State relative to cost effectiveness and savings for DOH and DFCS. While the cost savings for DOH and DFCS and the State may not be immediate or substantial, the long-term benefits are significant. Investing in services and the workforce within Alaska through the proposed
Complex Behavior Collaborative will have far-reaching benefits beyond individuals with cognitive disabilities. Developing a more competent workforce and the necessary infrastructure to support collaborative interventions and continuity of care is an important and overdue investment for vulnerable Alaskans, their families and their communities.

A risk assessment if the State is to take no action on this issue was performed. A few of the key risks identified include:

- ✓ Potential exists for Americans with Disabilities Act (ADA) violations; specifically regarding *Olmstead versus LC*. The Department of Justice expects states to demonstrate progress on their waiting lists to move individuals with disabilities to less restrictive, integrated community-based settings, to have a clearly defined method to manage movement on the waiting lists, and to demonstrate their methodology regarding how their lists are developed and tracked. It appears that while limitations in state budgets may affect states rate and scope of compliance with the ADA's integration mandate, budget limitations do not relieve the states of their obligation to take effective steps to end inappropriate institutionalization. Such lawsuits are quite costly to states due to imposed court mandates and while such lawsuits may result in the development of needed services, they are not the most effective or cost efficient way to develop them.

- ✓ Continued un-budgeted, non-Medicaid general fund expenses related to things such as the need to provide additional staff to manage and contain some individuals, cover out-of-State travel and related expenses.

- ✓ Continued escalating costs associated with providing an inadequate continuum of care, which currently adds additional expenses by bringing in extra staff to 'manage and contain' complex behaviors, instead of investing up-front in the workforce and programs to provide appropriate interventions and services.

An assessment of Alaska's Medicaid reimbursement rate structure as compared with two other states (Oregon and Colorado), which set rates for service provision based on an individual's support needs and acuity level, was conducted. Based on the results of this assessment, it is recommended that Alaska consider using cost-based rate setting methodology combined

with an acuity-based tier or level system when setting individual budgets or levels of care rates for persons receiving service from the Alaska's 1915(c) waiver for individuals with developmental disabilities. Detail of this analysis can be found in Appendix 5.

The service recommendation includes three models, which are presented in this document together as the Alaska Complex Behavior Collaborative. These models may be implemented together as a 'package' or incrementally; however, they are designed to be closely integrated regardless of how they are implemented. Three (3) models of care are identified to enable Alaska to better serve individuals with complex behavior management needs within the State. The positive and negative characteristics of each model are identified in the document and include the following parameters: fiscal environment, geographic and workforce challenges, environmental challenges, policy implications and a cost and benefit analysis of each model.

The proposed Alaska Complex Behavior Collaborative consists of three primary models or components: the Complex Behavior (Hub), Brief Stabilization Services, and Intensive Intermediate Intervention Services. **The Hub** is conceptualized as a point of entry into the Alaska Complex Behavior Collaborative (Collaborative). Individuals may be brought to the attention of the Hub when their behaviors are complex; presenting a high risk of danger to self or others and the interventions required to ensure the safety of those involved are outside the skill-set of the current program staff. The services provided by the Hub will be available for individuals who are already receiving services supported by the Department of Health and Department of Family and Children Services, and will not be considered a means of achieving eligibility for services.
Additionally, designated staff within the Department of Health and Department of Family and Children Services will function as the 'gatekeeper' for access to the Hub to manage the appropriateness of referrals and timely access to these exceptional resources and services based on specific access criteria related to the determined level of care that is responsive to the needs of each individual.

The Brief Stabilization Services component of the Collaborative is one of two intervention arms included in the proposed model. The Brief Stabilization Services will consist of three small units of approximately five beds each that may be used for brief crisis stabilization of generally less than a week but no more than 30 days, if deemed clinically appropriate following consultation by the Hub. These units will be located in Anchorage, Juneau, Fairbanks, and potentially other regions with existing bed space that may be dedicated for this purpose. Reasonable attempts will be made to keep individuals in or near their home communities. Brief crisis stabilization may be utilized when individuals experience an escalation in behavior that is too difficult to manage within their current level of care, or when individuals' behaviors create a danger for themselves or others. These units should be secure (either by staff, delayed egress or door locks) in order to provide maximum safety for the individual, staff, and public.

The Intensive Intermediate Intervention Services component of the Collaborative will provide a residential option for individuals who require longer-term services prior to returning to previous or lower-acuity placements. This Service will be community-based and will provide a high level of structure and active behavioral intervention. The Intensive Intermediate Intervention Services will consist of three small units of approximately five beds each, located in Anchorage, Juneau, Fairbanks, and potentially other regions with existing bed space that may be dedicated for this purpose.

The Cost Comparison section of this document compares the fiscal costs of the current services model, including the current costs of out-of-State placements and in-State placements, with the costs of the proposed Collaborative services. Although frequently utilized in the current model, the costs of non-treatment placements, such as jails and emergency rooms, are not included in the comparison. The table below provides a summary of the information detailed in this section of the document.

Summary - Cost Comparison - Based on Annual Estimates				
Current Services	**The Hub**	**Brief Stabilization Services**	**Intensive Intermediate Services**	**Cost of Proposed New Service Models**
$2,874,375 (in-State estimate)+ $3,449,250 (out-of State estimate) = **$6,323,625**	**Total Cost: $650,000**	**Total Cost for 3 Sites: $3,900,000**	**Total Cost for 3 Sites: $3,000,000**	**Total Cost: $7,550,000**
	$650,000	**Estimated NEW Cost to Alaska for 3 Sites: $1,170,000** [$1,300,000 x .30* = $390,000 per site x 3 sites = $1,170,000]	**Estimated NEW Cost to Alaska for 3 Sites: $ 900,000** [$1,000,000 x .30* = $300,000 per site x 3 sites = $900,000]	**Estimated Total NEW Cost to Alaska: $3,070,000 **** ($2,720,000 programs + $350,000 start-up and training: $50,000/program/site)
Total Estimated New State General Funds (GFMH) with start-up costs (year 1)				**$2,302,500**
Total Estimated Continued State General Funds minus start-up costs (out-years)				**$2,040,000**

Notes:

* The proposed services will be provided to existing beneficiaries, therefore, there are already costs associated with treating these individuals. Therefore, the estimates for the Brief Stabilization Services and the Intensive Intermediate Services assume that 70% of the costs are already being incurred by State, including through Medicaid funds. Therefore the analysis uses a factor of .30 to estimate the additional new costs.

** Of the $3,070,000 needed, some of these costs are not Medicaid reimbursable - such as some of the technical assistance and distance consultation as well as the start-up costs, however, most of them will be. Conservatively assuming only 50% of the services are Medicaid reimbursable, the necessary State funds would be $767,500 for State Medicaid match (50% State match) plus $1,535,000 for the State General funded services for a total of $2,302,500 for the first year and $2,040,000 for subsequent years (sans start-up costs).

Additionally, start-up costs are estimated at $50,000 per program/site for the first year of operation for a total of $350,000 for the Collaborative. These costs are intended to cover necessary infrastructure and initial staff training and development activities.

The following recommendations are included in this report for consideration by DOH, DFCS, and the Trust:

General Recommendation

It is recommended that a comprehensive continuum of care be developed for the identified population. To this end, the three components of the Alaska Complex Behavior Collaborative may be adopted and developed. The Collaborative supports Alaska's *Olmstead* plans as it broadens the continuum of services through the development and enhancement of integrated community-based services. A decision will need to be made regarding the implementation timeline, and whether the development should occur in phases. A commitment to providing the requisite support to ensure this development will need to be made at the State level and it is suggested that the Workgroup continue to meet to prioritize and track progress on the accepted recommendations from both Phase I and Phase II of this project; and to identify opportunities to implement and evaluate elements of the Collaborative for high-risk individuals, while the components are being developed and made fully operational.

Mentally Retarded / Developmentally Disabled (MRDD) Waiver Recommendation

The Department should track the number of Health and Safety Requests received by the Program Managers and the percent approved, along with denial information to assist the providers with understanding the request criteria and process and to promote uniformity of approvals across the State.

Rate Setting and Acuity Recommendation

Consider using cost-based rate setting methodology combined with an acuity-based tier or level system when setting individual budgets or levels of care rates for persons receiving services from the Alaska's 1915(c) MR/DD and possibly other waivers.

Licensing Fees Recommendation

Alaska should evaluate their licensing fee structure and the intent of these fees, and if so determined, increase these fees to support program oversight and development.

Telemedicine Recommendations

Take necessary steps to allow for identified telemedicine claims to be reimbursable through Medicaid and State funds. Appendix 6 includes an example of this from Colorado.
Seek federal or other grant funding to support the expansion of telemedicine capacity across providers in Alaska, including having sufficient capacity at the DOH and DFCS.

Staff Competence Recommendations

Specific staff competence requirements should be developed and adopted. Requirements may include minimum educational achievement levels, specialized training, and continuing education. Detailed recommendations for staff competence can be found in Appendix 7.

Workforce Training and Development Recommendation

Consider having rates adjusted to include a portion specifically for staff training (such as ten cents per billing code) and that the Department, potentially through the Hub, ensures providers are aware of training opportunities and monitors training participation.

Assisted Living Home Program Expectations / Licensing Recommendation

Consider either adding more population-specific minimum intervention program expectations to the Assisted Living Home regulations or create more population-based regulations for individuals able to benefit from structured services and active interventions, such as individuals with developmental disabilities or Alzheimer's.

Facility Security Recommendation

Make a policy decision about which approach to facility security will be chosen for use within the Brief Stabilization Services and the Intensive Intermediate Intervention Services. If a decision is made to use building security, an official opinion of the current regulations is needed and depending on the findings, any necessary changes should be incorporated. However, if the preference is to use the staff secure option, an investment in adequate staffing and staff training will be necessary. Additionally, depending on the physical plant of each facility, there may be some building modifications that can be made to improve the line-of-sight and other safety and security matters.

Licensing Recommendation

Designate at least some of the facilities that serve individuals with complex behaviors and complex management needs as more intensive and comprehensive; using the Centers for Medicare and Medicaid Services (CMS) regulations as guidelines, focusing specifically on facilities that become Intensive Intermediate Intervention Services.

Request for Interest Recommendation

Submit a solicitation of interest to determine the current desire and capacity of providers and potential providers to manage all of parts of the Collaborative. This effort will help inform next steps, including the roll-out of services to various parts of Alaska.

Closing Comments

While developing the Collaborative requires an investment in services for vulnerable Alaska beneficiaries with cognitive disabilities and complex behavioral needs, providing intensive services to individuals within the State allows for more control of the costs over time. Currently Alaska has some reasonable rates established for care provision within Idaho and a few other states; however, this can change at any time and if these other states no longer have capacity to serve Alaskans, it is unclear what could be negotiated with additional states. What is clear based on trends in recent years is the need for more intensive services with behavioral supports for individuals with cognitive disabilities. Through the work of the Trust, DOH, DFCS, and the Complex Behaviors Workgroup, Alaska has begun taking steps to develop capacity in-State to appropriately serve such individuals, investing locally in the infrastructure and workforce necessary rather than choosing to continue separating individuals from their families and communities for indefinite periods of time.

WICHE would like to offer thanks to all of the individuals both within and outside of Alaska for their contributions and input and would especially like to thank the Workgroup for providing their direction and support throughout the process.

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