

# Alaska Health and Welfare Site Review (Virtual) Summary Report

## I. Executive Summary

The Health and Welfare Site Review (H&W SR) team conducted a 5-day focused review of Alaska's Home and Community-Based Services (HCBS) Medicaid waiver programs from March 21 through March 23, 2023 and April 4 through April 5, 2023. The health and welfare site review (virtual) included multiple meetings with state directors and staff responsible for the administration and operation of Alaska's 1915(c) waivers including staff from the Alaska Department of Health (Department), the state's single Medicaid Agency and the Department's Division of Senior and Disabilities Services (SDS), Operating Agency.

The H&W SR team also held meetings with representatives from Alaska's Residential Licensing Unit, Quality Assurance Unit, Adult Protective Services, care coordinators, providers, participants and other interested parties. The focus of these meetings was to understand how the process for reporting, investigating and resolving critical incidents operates in practice and how health and welfare is assured for HCBS participants in Alaska through these perspectives.

During the virtual-site review, the H&W SR team identified some strengths and promising practices, along with challenges, which are listed here and summarized more fully later in the report.

### Strengths and Promising Practices for Ensuring Health and Welfare

- Enhancements to the Harmony system to: streamline the web-based incident reporting system, effectuate provider training efficiencies; broaden access; and strengthen reporting methods;
- Execution of a limited data exchange agreement between SDS and the Office of Children's Services (OCS) enhancing the state's ability to identify HCBS participants;
- Cross-unit collaboration and training for critical incident prevention, investigation, and response;
- Utilization of a Mortality Review process across all Medicaid populations
- Adult Protective Services under the same administrative structure to improve critical incident response process;
- Enactment of a Continuous Improvement Plan to proactively identify and resolve state challenges;
- Improvement of provider reporting timelines resulting from state remediation and continued quality improvement activities;
- Weekly virtual open office hours to respond to provider questions and concerns, and
- Upcoming implementation of the Pulse Light system to capture unreported events through emergency room and or Medicaid billing claims.

### Challenges

- Limited ability to trend and or identify systemic issues utilizing data from Harmony;
- Incomplete communication loop with OCS on remediation outcomes, and
- Care Coordinator and provider concerns:
  - Online incident reporting system timing out,

- Lengthy Medicaid eligibility determinations, and
- Missed opportunities for incident investigation follow-up with case workers.

Overall, SDS demonstrated that it has a comprehensive system for tracking, analyzing and addressing individual critical incidents. Individuals interviewed during the review knew established practices and procedures, whom to contact if an incident happened and or how to respond to critical incidents.

## II. Background

This virtual review was conducted as part of a national initiative to provide individualized technical assistance to states on maximizing the health and welfare of Medicaid HCBS beneficiaries, and to identify both promising practices and challenges for states.

Before the virtual-site review, the H&W SR team reviewed waiver program documents and other information in the public domain related to Alaska’s HCBS programs and the health and welfare of individuals receiving HCBS. Table 1 lists all five of Alaska’s waiver programs that the H&W SR team reviewed prior to the virtual-site visit, along with the waiver’s expiration date, operating agency, and target population.

**Table 1. Waiver Programs Reviewed**

| Waiver Name and Number   | Expiration Date | Operating Agency  | Target Population  |
|--|-----------------|---|--|
| Individualized Supports Waiver (1566)                          | June 2023       | Department of Health - Division of Senior and Disabilities Services | Participants of any age with intellectual disabilities, developmental disabilities, or autism      |
| People with Intellectual and Developmental Disabilities (0260) | June 2026       | Department of Health - Division of Senior and Disabilities Services | Participants of any age with intellectual disabilities, developmental disabilities, or autism      |
| Alaskans Living Independently (0261)                           | June 2026       | Department of Health - Division of Senior and Disabilities Services | Participants who are age 21-64 with physical disabilities and older adults age 65+                 |
| Adults with Physical and Developmental Disabilities (0262)     | June 2026       | Department of Health - Division of Senior and Disabilities Services | Participants who are age 21+ with intellectual disabilities, developmental disabilities, or autism |
| Children with Complex Medical Conditions (0263)                | June 2026       | Department of Health - Division of Senior and Disabilities Services | Participants who are age 0-21 who are medically fragile  |

Alaska’s critical incident management structure and approach are consistent across the five 1915(c) waiver programs as the language in the approved waiver applications is nearly verbatim. Therefore, the H&W SR team decided to focus its review on the following three waivers: 1) The People with Intellectual and Developmental Disabilities Waiver, 2) the Alaskans Living

Independently Waiver, and 3) the Children with Complex Medical Conditions Waiver, as they serve different populations. Description of these three waivers are as follows:

Alaska's 1915(c) waivers are administered by the Alaska Department of Health (Department), the state's single Medicaid Agency, and are operated by the SDS within applicable federal regulations. Applicants are able to access the waiver through a cadre of private SDS certified care coordinators who assist individuals with the completion of an initial application for SDS to assess level of care. Care coordinators then assist with all subsequent waiver renewals and redeterminations.

The **People with Intellectual and Developmental Disabilities (IDD) Waiver** ensures that statewide, Medicaid eligible individuals of any age, who otherwise might reside in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) for more than 30 days per year, have the option of remaining in their homes or communities. The IDD waiver serves approximately 2,100 individuals per year with appropriate person-centered home and community-based services and supports that enables participants to live as independently as possible in integrated community settings.

The **Alaskans Living Independently (ALI) Waiver** ensures that statewide, Medicaid-eligible individuals at least 21 years old with physical disabilities or functional needs associated with aging, who otherwise might reside in a skilled nursing facility for more than 30 days per year, have the option of remaining in their homes or communities. The ALI waiver serves up to 3,054 individuals per year with appropriate person-centered home and community-based services and supports that enable participants to live as independently as possible in integrated community settings.

The **Children with Complex Medical Conditions (CCMC) Waiver** ensures that statewide, Medicaid-eligible children up to age 21 years old with serious medical conditions, who otherwise might reside in a skilled nursing facility for more than 30 days per year, have the option of remaining in their homes or communities. The CCMC waiver serves approximately 360 children per year with appropriate person-centered home and community-based services and supports that enable participants to live as independently as possible in integrated community settings.

### **III. Alaska Site Review (Virtual)**

During the review, the H&W SR team split into two groups to conduct review activities to better understand how the critical incident process works and to ensure that participants know whom to contact if there is an incident affecting their health and welfare.

The activities included the two teams conducting individual meetings with direct service providers, participants and/or participant's family members. Joint meetings were held with protective services entities, protection and advocacy entity representatives, and other interested parties to understand how the entities, work together to assure the health and welfare of HCBS participants.

The following topics were covered in addition to reviewing a sample of critical incident reports:

- State Medicaid Agency & Operating Agency oversight of the waiver programs and the critical incident management systems and processes
- Alaska’s mortality review process
- Critical incident reporting process (from both the provider and participant perspectives)
- Both teams reviewed additional documents provided by the state, such as policy and procedure manuals, the state’s Harmony training manual, Mortality review screening manual, performance data, developed remediation activities, SDS continuous quality improvement plan activities, the 2022 Alaska Long-Term Care Ombudsman annual report and recently released public service announcements.
- Focus group discussions with Care Coordinators that shared their role in ensuring participant health and welfare both teams reviewed an infographic sheet developed by a Care Coordinator to assist participants navigate the waiver application process.

#### **IV. State Strengths and Promising Practices**

The following is an overview of the strengths and promising practices identified by the H&W SR team regarding the design or practice of ensuring the health and welfare of HCBS participants in Alaska.

- A. Enhancements to the Harmony system:** Harmony is the electronic system used by SDS that serves as a repository for incident reports, notifications of incident reports, investigation reports, and notes regarding the status of follow-up activities per investigator recommendations. Historically, providers were required to report to three separate entities depending on the type of incident. In an effort to enhance its critical incident management system, SDS created a Central Intake form and process condensing the number of reports to one. The system now allows for more robust data to be tracked, allows for tracking providers not compliant with reporting requirements and furthers the collaboration between central intake staff/units for reporting and investigation of critical incidents. Harmony houses the online incident reporting form in its centralized system. Providers are required to populate and submit the form within 24 hours or one business day of an incident. Participants, care coordinators, family members, advocates or any citizen may submit a report using this system.

The online form is notable in the nature and depth of the questions it includes. Protective services, licensing, and incident management questions are combined with the reporter’s assessment of what it believes went wrong and what would be done differently the next time. Once the form is submitted it is triaged to the appropriate APS, licensing and/or quality assurance staff to respond to the incident. The Harmony system allows for uploading of reports to capture the incident file in the system. Additionally, the system has edits in place that appropriately limit information sharing to those with specific clearance levels. While the online format is the preferred approach for reporting incidents to the state, individuals interviewed noted that individuals had an option to use a phone or fax a referral, if needed. Providers interviewed by the H&W SR team expressed positive feedback in regards to improvements on the more comprehensive training they receive,

the reporting system itself and their overall understanding of their role as providers and what it means to ensure the health and welfare of HCBS participants.

**B. Execution of a limited data exchange agreement between SDS and the Office of Children's Services (OCS):** Critical incidents related to children received through the Harmony/Central Intake system are transferred to the OCS for investigation and remediation and documented into a protective services report and tracked within OCS's automated case management system Online Resources for the Children of Alaska (ORCA). The SDS Central Intake staff are able to conduct a crosswalk between its caseload and reports generated by OCS to screen for HCBS participants and identify any gaps in reporting, determine if there are indications of past harm or suspected abuse, neglect, and exploitation (ANE) that require additional review and or follow-up, continued tracking, and when appropriate any additional referrals.

**C. Cross-unit collaboration and training for critical incident prevention, investigation, and response:** The H&W SR team heard about many promising practices related to the state's established work committees, which foster strong working relationships and support the state's review and response to critical incidents and ANE reported.

Alaska operates a central intake unit, composed of staff from its Adult Protective Services Unit, Quality Assurance Unit, and Residential Licensing Unit and ensures a comprehensive incident management training at every level of the process. Central Intake staff are well versed and cross- trained across each unit's practices and are trained in creating an intake and or route a reported incident to the unit or units that have jurisdiction to act on a reported incident. All submitted reports of ANE and all other critical incidents are reviewed, recorded and or routed, as appropriate for handling. Following an investigation, these entities report back to the Quality Assurance Unit with the results of their investigations.

Providers and care coordinators interviewed by the H&W SR team, also demonstrated their knowledge on how to access support when identifying and reporting ANE as well as, working with participants to understand their role and how to access support when an incident occurs and expectations following an incident. Through well-developed intake process, initial assessments, providing risk assessment questionnaires, cross collaboration with other entities to share information, developing plans that are based on individual needs and goals and the development of creative visuals to help participants navigate services.

**D. Utilization of a Mortality Review process across all Medicaid populations:** The state has a comprehensive mortality review process administered by its Mortality Review Task Committee. The committee is responsible for identifying untimely deaths or deaths involving unusual circumstances and determining if a provider, provider agency or a Division of SDS' action or inaction was a contributing factor in the death. The committee makes referrals to other entities as appropriate and forwards suggested recommendations to the Quality Improvement Workgroup. Through this committee, the

state has developed a process that further promotes open communication, cross-agency collaboration, incorporates input from a variety of stakeholders, remove silos and, assists the state to identify and review all deaths reported throughout its centralized intake system. This also includes the review of medical records, the Bureau of Vital Statistics, law enforcement reports, and working with the state Medical Examiner's office to efficiently respond to findings addressing untimely deaths or deaths involving unusual circumstances.

- E. Adult Protective Services (APS) under the same administrative structure to improve critical incident response process:** A benefit of having APS located at SDS is that reports routed to APS after it is reviewed by Central Intake staff for possible ANE can be given a priority level for expedited review by APS screeners. Additionally, the state can capture whether a report was substantiated and if appropriate follow up occurred, assisting the state in its review of suspected ANE referred to APS for investigation and remediation in timely manner.
- F. Enactment of a Continuous Improvement Plan to proactively identify and resolve state challenges:** SDS implementation of a continuous quality improvement plan is structured with a variety of task committees. Focus on specific areas of monitoring of performance measures related to reports of harm and other critical incidents, conducting discovery, remediation activities and implementing systems for data collection to demonstrate the states continued proactive approach to ensure the health and welfare of HCBS participants.
- G. Improvement of provider reporting timelines resulting from state remediation and continued quality improvement activities:** During the summer of 2021, the state utilized technical assistance resources available through CMS and its contracted consultants to revise its performance measures and implement policy changes to improve reporting outcomes. As part of this effort, the state developed additional trainings, and conducted outreach to provider stakeholder groups to encourage reporting. The state's FY22 data trends shows significant improvement. Specifically, the data demonstrate the timeliness of providers reporting critical incidents and ANE at or above 95%. This is a marked improvement compared with data evaluated during the 2020 CMS Final Quality review of 77%.
- H. Weekly virtual open office hours to respond to provider questions and concerns:** The state offers provider office hours three times a week. A forum that promotes open communication with providers to ask questions about specific cases, reporting and any other questions they have to ensure the health and welfare needs of participants are met. This process was described favorably by providers during H&W SR team interviews. The state also shared recently released public service announcements created by SDS staff members, in collaboration with the Governor's Council on Disabilities and Special Education and the Disability Law Center further demonstrating the states continued proactive approach in its efforts to educate stakeholders on participants rights as well as, when and where to report suspected ANE.

**I. Upcoming implementation of the Pulse Light system to capture unreported events through emergency room and or Medicaid billing claims:** The state shared its intent to improve/capture unreported critical incident reporting that can be identified through emergency room and or Medicaid paid claim reviews through a system identified as Pulse Light. In addition to capturing specific data through paid claims, the system will be able to use intake data that is captured in Harmony to allow the state to see trends identified within the system.

## **V. State Challenges**

The following is an overview of the challenges identified by the H&W SR team regarding the design or practice of ensuring the health and welfare of HCBS participants in Alaska.

- A. Limited ability to trend and or identify systemic issues:** The state's current system collects information based on a specific incident, as opposed to aggregating information on a specific participant and or provider. This limits the state's ability to track trends and or identify systemic issues to reduce common incidents and or possibly prevent incidents from recurrence.
- B. Incomplete communication loop with OCS on remediation outcomes:** The SDS Central Intake staff are able to document within the Harmony/Central Intake system, when an incident and or suspected ANE related to children is reported and referred to OCS for investigation and remediation. However, the state does not receive final disposition of investigations referred to OCS and does not capture outcomes on substantiated/founded cases of ANE related to children.
- C. Challenges expressed by care coordinators and providers:** Care Coordinators and providers interviewed during the review expressed frustration with the online incident reporting system timing out when reporting an incident. Care Coordinators expressed significant concern regarding the long timeframe for Medicaid eligibility determinations. They also highlighted its impact on their ability to finalize the participant intake process and secure crucial HCBS services. In addition, some care coordinators expressed concerns that they do not receive any communication outside of the critical incident system which leads them to question what actions to take to continue to meet the needs of participants after the report has been filed.

## **VI. Health and Welfare Site Review Team Recommendations and Next Steps for Alaska**

CMS appreciates the state's participation in the H&W SR and would like to provide recommendations that would enhance the state's ability to safeguard health and welfare of participants in HCBS waiver programs.

- A.** CMS recommends the state continue to explore enhancements to their current systems that will allow the state to develop methods to trend, track and help identify systemic issues within Harmony to reduce common incidents and/or prevent incident recurrence.
- B.** Although the state has a process in place to crosscheck its caseload against reports generated by OCS to identify HCBS participants. CMS recommends the state develop a

Memorandum of Understanding with OCS to receive final disposition of investigations referred to their office whether or not the finding is substantiated or unsubstantiated.

- C. CMS recommends the state explore improvements to their current systems and or process that will allow Care Coordinators to receive information from Central Intake Workers or access within the systems to fully address participants needs and or update service plans (of care) once a report is filed in the critical incident management system.

As the state explores its options to enhance its ability to trend data within its current system and processes as well as, address health and welfare performance measure compliance, CMS is available to provide additional technical assistance.