

## HEALTH & SOCIAL SERVICES

The Health and Social Services Transition Team was asked to address opportunities for improvement in the Alaska Department of Health & Social Services. To address these opportunities the team identified five Core Principles, five Priorities that should be addressed by this Administration, and five steps that could be implemented in the short-term. These are outlined on this first page, while more detail about the Top 5 Priorities begins on page 2.

### **5 Core Principles Needed for Success:**

- A. Implement Medicaid Expansion without delay as a catalyst for Medicaid Reform (delivery and service)
- B. Maximize federal revenue and minimize unrestricted General Funds
- C. Our policy should recognize that the newly Medicaid Expansion population can move to self-sufficiency
- D. Interagency and Interdepartmental collaborations are necessary to leverage human and financial resources
- E. Transparency of Data is necessary

### **Top 5 Priorities**

- 1. Medicaid Expansion and maximize federal revenue**
- 2. Administrative improvements (ie. Eligibility and Payment Systems)**
- 3. Behavioral Health Policy Improvement and Enforcement**
- 4. Health Care Cost and Affordability**
- 5. Safety Net Service Delivery (ie. Children at Risk, Community Access Hospitals, Disproportionate Share Hospitals, Long Term Care)**

### Immediate Action Steps

1. Medicaid Expansion and Maximize Federal Revenue
  - a. Solid business plan for Medicaid Expansion
  - b. Reduce mortality and morbidity
  - c. Expand Coverage and Access
  - d. Reduce Expenditure of General Funds
  - e. Improve Utilization of Health Care Providers and Services
  - f. Reduce insurance costs for State, businesses and public with improved perception of Medicaid Expansion
2. Administrative Improvements
  - a. Publish a recurring snapshot of data to track Medicaid payment system, Medicaid Management Information System (MMIS). Establish metrics to track improvements.
  - b. Publish a recurring snapshot of data to track Medicaid eligibility and enrollment system, Eligibility Information System (EIS) conversion to Alaska's Resource for Integrated Eligibility Services (ARIES). Establish metrics to track improvements.

3. Hospital Presumptive Eligibility must be implemented quickly
4. Strong Leadership (transparent and inclusive)
5. Process for Public Communication (increasing community engagement)

## **TOP FIVE PRIORITIES FOR HEALTH & SOCIAL SERVICES**

### **1. PRIORITY: Medicaid Expansion & Maximize Federal Revenue**

- a. Reduce Mortality and Morbidity
  - i. Get Medicaid Expansion done
  - ii. Select indicators (short, medium, long term)
  - iii. Determine data collection mechanisms, starting with existing data sets
- b. Expand Coverage and Access
  - i. Take steps to acquire Centers for Medicare & Medicaid Services (CMS) approval for Medicaid Expansion in Alaska
  - ii. Develop a business plan for costs or offsets of savings in the FY 16 budget
  - iii. Get Legislature on board or find alternative
  - iv. Develop/finish eligibility system
  - v. Develop community/system education and outreach
  - vi. Hospital Presumptive Eligibility implementation
  - vii. Consider additional waiver services including Alzheimer's and other choice services
  - viii. Organize advocacy for Medicaid Expansion
  - ix. Educate public on Medicaid Expansion benefits
- c. Reduce Expenditure of State General Funds
  - i. Use Medicaid Expansion to accelerate delivery system reform
  - ii. Repeal statutory limitation on inmate access to Medicaid
  - iii. Education to state employees and retirees on eligibility for Medicaid
  - iv. Gradually reduce grants as Medicaid coverage increases
  - v. Drive coordination/collaboration among providers through grant/Medicaid redesign
  - vi. Maximize federal match through waivers
  - vii. Maximize Disproportionate Share Hospital (DSH) funding
  - viii. Improve Utilization
- d. Improve Utilization of Health Care Providers and Services
  - i. Increase access to preventive & behavioral health care
  - ii. Care management in emergency departments and for chronic conditions
  - iii. Community/Provider education/planning for patients
  - iv. Incentivize integrated medical systems
- e. Reduce insurance costs for State, businesses, & public with improved perception of Medicaid Expansion
  - i. Reduce uncompensated care via Medicaid Expansion

- ii. Improve Early Intervention and Preventive Care

## **2. PRIORITY: Administrative Improvements**

- a. Effective proven leadership and management with functional, effective and efficient systems (i.e. Information Systems)
  - i. Assure appropriate leadership
  - ii. Establish process for stakeholder input and feedback
  - iii. Aggressive remedial action to correct inefficient systems and structures to address:
    - 1. What's broken?
    - 2. What interventions are necessary?
    - 3. What timelines?
  - iv. Enhance strengths, effective systems, etc.
  - v. Establish management performance metrics
- b. Determine what is working (data, results, etc.) & what is not working
- c. Audit and provide public status report on eligibility and payment systems implementation
- d. DHSS establish Chief Information Officer to monitor/oversee system development across divisions

## **3. PRIORITY: Behavioral Health Policy Improvement and Enforcement**

- a. Defendants, inmates and returning citizens have adequate Behavioral Health support to prevent recidivism
  - i. Engage Stakeholders
  - ii. Develop a comprehensive plan based on national best practices
  - iii. Cost benefit analysis to prove cost savings of avoided prison population
  - iv. Administrative and legislative support for plan implementation
- b. Citizens have access to qualified, adequate Behavioral Health services
  - i. Implement a Psychiatry Residency Program
  - ii. Increase adequate recruitment for non-Psychiatric providers
  - iii. Continue to support student loan forgiveness educational programs
  - iv. Maximize Telemedicine use
- c. Ensure Behavioral Health parity in movement to increase health care access to all Alaskans
  - i. Ensure inclusion of Behavioral Health Services in the Essential Health Benefits package
  - ii. Include Behavioral Health in Medicaid Expansion
  - iii. Have Insurance Commissioner monitor private insurance plan compliance for Behavioral Health services
  - iv. Assist providers to maximize reimbursement for Behavioral Health services
- d. Use of Technology and Data is maximized and simplified
  - i. Fix both Medicaid Management Information System (MMIS) and Alaska's Automated Information Management System (AKAIMS)
  - ii. Coordination of Electronic Health Records between provider systems

- iii. Build on rural broadband capacity to maximize telehealth utilization
  - iv. Use of technology for initial and continuing provider education
- e. Behavioral Health Consumers and their families have access to support services for recovery
  - i. Engage stakeholders (Alaska Housing Finance Corporation, Department of Labor & Workforce Development, Non-profits/community providers and others)
  - ii. Coordinate and integrate support services for Behavioral Health consumers and families
- f. Enforcement agencies take a strong role in prevention of unhealthy behaviors
  - i. Have Governor and Legislature support Title IV Alcohol Beverage Control Statutory Revisions
  - ii. Convene cabinet level group to implement marijuana initiative with prevention and safety in mind
  - iii. Expand Therapeutic Courts as a cost effective alternative to recidivism
- g. Primary care providers trained to recognize and triage Behavioral Health issues
  - i. Educate Primary Care Providers in basic Behavioral Health diagnosis and treatment
  - ii. Support Family Practice Residency in a Behavioral Health curriculum
- h. Early Diagnosis and Treatment is achieved efficiently (0-12<sup>th</sup> grade)
  - i. Pediatricians, school nurses, school social workers, early childhood educators, school counselors, etc. are educated in the signs of Behavioral Health disorders (screening tools available) with an identified referral system
  - ii. Use of technology for access in rural Alaska.
  - iii. Incorporate trauma informed care into educational programs to address the effects of Adverse Childhood Experiences
- i. Services provided by tribal, federal, state, state-funded, & private providers are coordinated and integrated
  - i. State/Alaska Mental Health Trust to convene stakeholders
  - ii. Ensure clinicians have access to all relevant patient records
  - iii. Ensure clinicians have access to substance abuse history in electronic health records
  - iv. Focus on Health Insurance Portability and Accountability Act (HIPAA) privacy issues (ie. agreements between providers)
  - v. Care management in emergency departments
  - vi. Adopt State of Washington super-utilizer practices/policies
  - vii. Institute Regional Behavioral Health Authority (RBHA) planning and funding to ensure full continuum of care

#### **4. PRIORITY: Health Care Cost and Affordability**

- a. Establish and achieve transparent, benchmarked metrics related to cost and affordability
- b. Criteria: Identify metrics by stakeholder group, provider group or functional area. Metrics should be developed by subject matter experts through a transparent process. Stakeholder matrix may include: health care, Home and Community, Juvenile Justice, Office of Children's Services, Long Term Care (all DHSS programs)
  - i. Assemble stakeholders to facilitate cooperative effort to establish process to:
    - 1. Identify metrics
    - 2. Obtain public stakeholder input
    - 3. Determine benchmarks for each metric
    - 4. Establish baseline for existing performance data
    - 5. Establish system to track data consistency between each reporting system (ie. stakeholders)
    - 6. Established individual stakeholders/goals/objectives/work plan action
    - 7. Track data / publish results
    - 8. Assess / Redesign

#### **5. PRIORITY: Safety Net Service Delivery**

- a. Individuals with health care needs can access care
- b. Coordinated systems of care
  - i. Foster Care:
    - 1. Consistent, adequate staff (trauma informed care trained) to
      - a. Protect children
      - b. Respond to needs of foster parents
      - c. Provide resources to transition youth to success (job, college, housing, transit, etc.)
      - d. Coordinate with tribal groups to maintain culture for youth
      - e. Research and promote resiliency evidence based practices
    - 2. Provide family supports / education to prevent need for care (ie. Substance abuse treatment available to families)
    - 3. Address policy changes
    - 4. Collaborate with tribes to address / adjudicate child welfare issues at local level
    - 5. Empanel and convene a high level group to review the child welfare system in Alaska and make recommendations to support the delivery of culturally relevant prevention services and best practices
  - ii. Create DHSS interdisciplinary approach to systems design/funding
  - iii. Patient Centered Medical Home pilots with practice management using federal funding

- iv. Explore and plan for federal grants to develop pilot expanded services/models (applies to Long Term Care, Behavioral Health, Accountable Care Organization/Patient Centered Medical Home, etc.)
    - v. Provide data and encourage community based health care planning
  - c. Implement State Long Term Care, Alzheimer's Disease and Related Disorders (ADRD), and other recommendations
  - d. Improve telehealth network including human systems that use the software, hardware
  - e. Create systems of care (Long Term Care, Behavioral Health, Child Welfare, etc.)
  - f. Sustain and strengthen the tribal health system
  - g. Coordinate care delivery in communities with both tribal and non-tribal providers and eliminate barriers to unified system without duplication
  - h. Care is culturally appropriate
    - i. Train and recruit providers from communities
    - ii. Ensure appropriate language services
    - iii. Explore alternative culturally appropriate models
    - iv. Cultural training in medical school, etc.
    - v. Explore provider based and other provider types (ie. Dental Health Aides)
  - i. Care is delivered as close as possible to the patient/consumer
    - i. Maximize resources / assets in the communities to deliver care
    - ii. Telehealth systems should support providers in the community
    - iii. Explore alternative provider types
    - iv. Strengthen Long Term Care via exploring nurse delegation to enhance ability to serve greater population
    - v. Expand home and community based waivers to serve villages
  - j. Quality workforce is available to deliver services
    - i. Incentivize primary care provider practice in Alaska
    - ii. Explore community based residency program
    - iii. Consider expanding Dental Health Aide Therapists for all Alaskans
    - iv. Increase loan repayment options for primary care and other shortage areas