

SDS Long-Term Services and Supports Changes

Frequently Asked Questions

October 25, 2017

Individualized Supports Waiver (ISW)

1. What is the difference between the ISW and the Intellectual and Developmentally Disabled (IDD) waiver?

Response: A participant on the ISW has an individual cost limit (a budget) of up to \$17,500 annually, while there is no individual cost limit for participants on the IDD waiver. The ISW includes fewer services, and out of home residential habilitation services (group home and family habilitation services) are not available for ISW participants.

ISW applicants are expected to have services and supports available from other sources that in combination with waiver services are sufficient to assure their health and safety within the individual cost limit. The applicant will not qualify for the ISW if applicant's needs or desired supports exceed the scope or cost limit of the waiver.

2. When will participants begin applying for the ISW?

Response: The application and eligibility process started September 2017 and will continue through March 2018.

3. When will participants begin enrolling in the ISW?

SDS anticipates that the ISW will begin enrolling participants in spring 2018.

4. What services will be offered on the ISW?

Response: Participants may choose from any combination of the following services:

- *Chore Services*
- *Day Habilitation*
- *Intensive Active Treatment for Adults*
- *Non-Medical Transportation*
- *In-home supports for ages < 18*
- *Supported living for ages > 18*
- *Respite*
- *Supported employment (including pre-employment activities)*

5. Are Care Coordination services available under the ISW?

Response: Care coordination services are required for ISW participants. Costs associated with Care Coordination are in addition to the individual cost limit. Care coordinators currently certified to serve IDD waiver participants will be considered certified to provide services for ISW participants.

Care coordinators who assist with ISW applications may bill for one initial ISW waiver application, an initial support plan, and an annual renewal support plan, all under Long Term Services and Supports Targeted Case Management (LTSS-TCM).

For ISW participants, ongoing care coordination will include one in-person contact at least once every three months and one telephone call in the subsequent two months. The payment rate for ISW care coordination is set lower than the rate for care coordination in the other waivers because the service is less intensive.

6. How does an individual become eligible for the ISW?

Response: The ISW eligibility criteria is the same as that for the IDD waiver. Potential waiver participants must meet the following criteria:

- *Be determined to have a developmental disability (DD) as defined by Alaska law (AS 47.80.900) “one who experiences a severe, chronic developmental or intellectual disability that is attributable to a mental or physical impairment or combination of mental and physical impairments that manifested before the person is age 22, is likely to continue indefinitely, and results in substantial functional limitation in three or more major life activities including self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency”;*
- *Be on the Developmental Disabilities Registration and Review (DDRR). The DDRR is also known as the “Registry” or “Wait List”;*
- *Meet level of care (LOC) criteria for Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID LOC); and*
- *Be enrolled in Medicaid.*

7. Who will be offered the opportunity to apply for the ISW?

Response: The ISW has the capacity to serve 600 participants. During the initial enrollment process, individuals currently on the DDRR, also known as the “Waitlist” or “Registry”, will be offered the opportunity to apply for the ISW.

Between September 2017 and March 2018, 100 individuals will be drawn off the DDRR each month, in score order, and must meet all the ISW eligibility requirements to qualify for enrollment on the ISW. SDS will begin enrolling participants for the ISW in spring 2018.

After the ISW reaches full capacity, waiver slots will become available only through attrition, (i.e., someone will need to exit the ISW in order to open a space for the next person waiting for ISW services). To fill future slots, individuals will be drawn from the DDRR-ISW waitlist, according to highest score, and will be offered the opportunity to pursue the waiver.

8. How does an individual apply for the ISW?

Response: Potential ISW applicants first need to be on the DDRR. Then the applicant must receive a letter from SDS inviting them to apply for the ISW. An applicant will be given 30 days to inform SDS that he or she would

like to submit an application. If it is difficult to respond within 30 days, contact the local SDS IDD Unit for assistance. Providers will not be notified of the individual's selection.

If the individual does not respond to the ISW offer within a timely manner his or her name will be removed from the DRRR and the offer will be rescinded. Individuals may re-submit a DRRR application at any time.

9. If an individual is offered the opportunity to apply for the ISW, can the individual decline the offer?

Response: The individual may choose to decline the offer to apply for the ISW, but must inform the IDD Unit within 30 days if he or she would like to remain on the DRRR.

10. Where can individuals get assistance with the ISW application?

Response: SDS will accept ISW applications directly from the applicant or anyone assisting them with the application. Short Term Assistance and Referral (STAR) program staff also stand ready to help with ISW applications. Review the [STAR Roster](#) to find a local STAR Coordinator in your area.

Any Care Coordinator can assist an individual to apply for the ISW. A Care Coordinator list can be found from the [SDS home page](#), under the heading of "Providers" on the bottom right section of the SDS home page.

11. Can an individual be considered for both the ISW and the IDD waiver?

Response: Yes, the DRRR will ask if an individual wants to be considered for the IDD waiver, the ISW or both the ISW and the IDD waiver. These two sublists will be managed separately.

12. If a participant chooses to enroll in the ISW, can his or her name still be on the DRRR waiting for the IDD waiver?

Response: Yes, even if a participant is receiving services through the ISW, his or her name may remain on the DRRR-IDD sublist waiting for an IDD draw. The IDD Unit will continue to draw 50 individuals per year for the IDD waiver.

13. Can a participant receiving IDD waiver services choose to receive ISW services instead?

Response: Yes, if the participant's health and safety can be assured with the available ISW services and the costs of those services do not exceed the participant's authorized cost limit, the participant has the option of switching to the ISW. A participant cannot be on two waivers at the same time, though.

14. What happens if a participant uses all their ISW authorized funds before the end of the support plan (plan of care) year?

Response: No additional ISW funds will be available to ISW participants if participants spend down the amount of funding authorized before the end of the support plan (plan of care) year. Care coordinators will assist participants to plan for spreading service delivery across a full plan year, as documented in the support plan that will be approved by SDS.

15. What happens if a participant is enrolled in the ISW but circumstances change?

Response: ISW participants may request safeguard funding one time during any three-year period. An additional \$5,000 above the individual cost limit is intended for additional services and supports to address short term needs based on (1) the participant needing enhanced supports due to their own acute health needs and/or (2) temporary changes in the capacity of natural supports.

16. What happens if the \$5,000 additional safeguard funding is not enough to ensure the health and safety of an individual on the ISW?

Response: If the safeguard funding is not enough to assure an ISW participant's health and safety, the participant may no longer qualify for the ISW. SDS may offer the participant the opportunity to enroll in another waiver.

17. Do providers need to take any action to be ISW certified?

Response: If a provider is certified for services offered under IDD waiver, they will automatically be certified for the ISW as long as the provider is subject to and remains compliant with the settings rule.

18. Will providers need to apply for another enterprise number to bill for ISW, similar to the site-based day habilitation billing requirement?

Response: Possibly, it depends upon the location of the actual setting. Consult with the SDS Provider Certification and Compliance unit on specific questions.

19. Are the ISW reimbursement service rates the same as the IDD waiver service reimbursement rates?

Response: Yes, the reimbursement rates are the same, except for care coordination monthly monitoring which is less for the ISW because it is less intensive. Review the [proposed Rate Chart](#) for more information.

Community First Choice (CFC)

1. What is Community First Choice (CFC)?

Response: Community First Choice (CFC) is a program designed to offer eligible participants services designed to foster independence and assist them to remain in their homes. The program centers on enhanced personal care services.

2. How do I become eligible for CFC?

Response: CFC participants must meet the following criteria:

- *Be enrolled in Medicaid;*
- *Have a level of income that is less than or equal to 150% of the federal poverty level (unless already enrolled in one of Alaska's five home and community-based waivers);*
- *Meet Alaska's level of care for one of the following:*
 - *Nursing Facility (NF-LOC);*
 - *Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID-LOC);*
 - *Institution for Mental Disease for participants age 65 and older Level of Care;*
 - *Institutions providing Psychiatric Services for Individuals Under 21 Level of Care.*

3. What services does CFC offer?

Response: CFC will include the following services:

- *Long Term Services and Supports Targeted Case Management (LTSS-TCM);*
- *Community First Choice Personal Care Service (CFC-PCS);*
- *Maintenance and Acquisition of Skills training;*
- *Training for participants to select and manage CFC-PCS attendants;*
- *Personal Emergency Response Systems (moving from HCBS waivers to CFC).*

4. Is Care Coordination offered under CFC?

Response: Individuals on CFC only (i.e. not also on a waiver) will receive Long Term Services and Supports Targeted Case Management (LTSS-TCM). Care coordinators can bill for these three case management services: initial application, support plan development (initial and annual renewal), and a flat fee for case management services provided in a month when contact with someone on the care coordinator's CFC caseload takes place. Because the contact must be initiated by the participant, this is not a regular monthly service provided by the care coordinator.

5. How is PCS under CFC different from the current State Plan PCS?

Response: The services offered by the two programs are similar, but a significant difference is that CFC-PCS is available to participants who meet a nursing facility level of care who wish to actively participate in the management of their care.

Both programs may be agency-based or consumer-directed, but a greater focus of CFC-PCS is on fostering the participant's independence and on participants directing their own services. If requested by the participant, the personal care attendant (PCA) may be authorized to teach the participant ADL or IADL skills that will help them become more self-reliant.

Additionally, unlike State Plan PCS, CFC-PCS may include supervision and cueing of activities of daily living (ADLs) and instrumental activities of daily living (IADLs).

6. Is CFC-PCS replacing the State Plan PCS?

Response: No, CFC is an additional Medicaid home and community-based services program and will not replace the State Plan PCS. Regular State Plan PCS will continue to be available for individuals who do not require an institutional level of care.

7. Can a participant receive only one CFC service or does a participant have to access all the CFC services offered?

Response: A CFC participant may choose one CFC service or any combination of CFC services.

8. If a participant is receiving State Plan PCS, will he or she be required to switch to CFC-PCS?

Response: Although a participant may qualify for CFC services, he or she may choose to opt out of receiving CFC services and continue to receive State Plan PCS services.

9. Can a participant be on a waiver and also receive CFC services?

Response: Yes, a participant who meets waiver eligibility may receive services under both a waiver and CFC.

10. If a participant is currently served on a waiver, will they lose their personal care services?

Response: Participants currently on a waiver program and receiving State Plan PCS will automatically be enrolled in CFC-PCS unless they choose to opt out of the CFC-PCS program.

11. Where can individuals who are new to CFC get assistance with an application?

Response: Once CFC is available (spring 2018), individuals who wish to apply will be directed to an Aging & Disability Resource Center (ADRC) or a Short-Term Assistance & Referral Program (STAR) for a person-centered intake and information on available resources. Individuals interested in CFC will be referred to a Care Coordinator for assistance with an application.

Long Term Services and Supports Targeted Case Management (LTSS-TCM)

1. What is Long Term Services and Supports Targeted Case Management (LTSS-TCM)?

Response: LTSS-TCM is a new aspect of Care Coordination that is a part of all waiver and CFC programs.

2. How and when is LTSS-TCM used?

Response: Care Coordinators will submit claims for a participant's initial application for CFC and/or any waiver program as LTSS TCM. In addition, Care Coordinators will be reimbursed for an initial support plan, an annual renewal support plan as LTSS TCM. Review the [proposed TCM rate sheet](#) for more information. Amendments to support plans are also funded as LTSS TCM, unless the amendment process is included in the care coordination monthly monitoring waiver service.

Day Habilitation

1. What are the changes to Day Habilitation services and when did they take effect?

Response: On October 1, 2017, regulations took effect that limit Day Habilitation services to 624 hours annually (an average of 12 hours a week).

2. Is there any way a participant could get more than 624 hours of Day Habilitation annually?

Response: There is a review process in place for exceptions to the limit; however, it is expected that the limit will be raised for an individual only in rare and exceptional circumstances.

3. If Day Habilitation is my only service, do the hourly limits still apply?

Response: Yes. The annual limit applies to all waiver participants.