

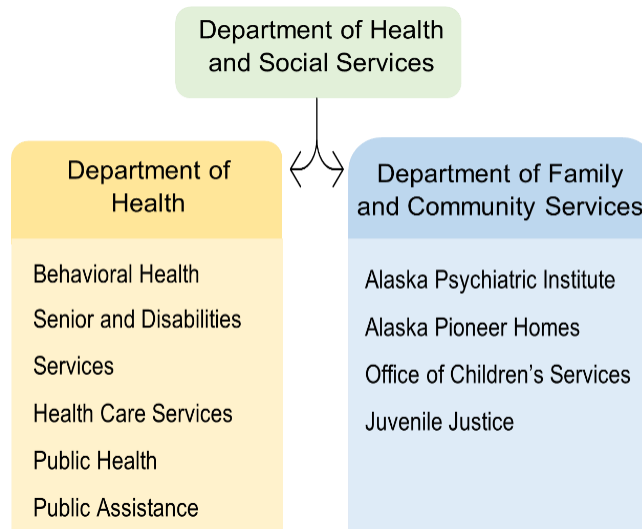
Complex Care Initiatives Joint Annual Update

Vision

A coordinated system across Department of Family and Community Services (DFCS) and the Department of Health (DOH) that delivers compassionate, timely, and person-centered care for the most vulnerable and complex Alaskans across settings and sectors.

Background & Purpose

The Alaska Department of Health and Social Services restructured into two separate departments in July 2022: the Department of Health (DOH) and the Department of Family and Community Services (DFCS). The departments have proactively established new structures to ensure that individuals with complex behavioral and medical needs continue to be served in an efficient and coordinated fashion. Alaska has a strong track record of complex care efforts which transcend this update’s scope.



The Department of Health comprises the Divisions of Behavioral Health, Senior and Disabilities Services, Public Assistance, Public Health, and Health Care Services. The Department of Family and Community Services comprises the Alaska Psychiatric Institute, Alaska Pioneer Homes, Office of Children’s Services, and Division of Juvenile Justice.

This update provides an overview of the new initiatives and efforts across DFCS and DOH and summarizes near-term goals shared across both departments to continue improving care delivery for individuals with complex needs.

Progress Update

1. DFCS-DOH Complex Care Working Groups

DFCS and DOH envision a structure of three interconnected working groups to improve complex care from three different lenses: the individual level, the state agency level, and the community-wide systems level. Two out of three of these working groups were successfully operationalized in 2023, and the final working group will be established in 2024.



➤ **Individual Level: Case Response Team (CRT)**

- Purpose: To ensure timely and coordinated de-escalation of emergent individual complex cases, limited to cases internally referred by DFCS or DOH staff.ⁱ
- CRT has convened on a weekly basis since April 2023. During these sessions, DFCS and DOH representatives present their cases, and relevant staff are assigned to smaller, in-depth meetings which may include care coordinators, guardians, and direct service providers.

➤ **Policy Level: Complex Care Committee (CCC)**

- Purpose: To identify policy solutions to address systemic gaps in access to care for patients with complex needs, providing forward-looking recommendations to DFCS and DOH leadership and implementing solutions as identified.
- CCC has convened on a monthly basis since May 2023. Division leaders from DFCS and DOH collaborate to identify policy-level solutions, often prompted by issues arising in CRT cases. In addition to monthly meetings, the CCC is subdivided into specialized workgroups focused on specific policy initiatives which meet separately.ⁱⁱ

➤ **Community Level: Complex Care Advisory Group (CCAG)**

- Purpose: To engage with stakeholders beyond the state agency level to identify community-level solutions to fill gaps in the continuum of care for individuals with complex needs. While the CCC focuses on policy changes at the state agency level, the CCAG will be critical to provide feedback for proposed policy changes, and more importantly, to address other aspects of the continuum of care for individuals with complex needs which cannot be addressed by the departments alone. This committee will provide opportunity for true partnership between the departments and community stakeholders in the complex care space to identify and implement community-level solutions.
- CCAG has not been formed yet. DOH and DFCS aim to establish this advisory group in 2024.

2. DFCS Complex Care Unit

The Complex Care Unit (CCU) sits within the DFCS Commissioner's Office. The CCU was formed with support from the Governor's Office in January 2023 in response to the heightened challenges and barriers faced in serving the most vulnerable Alaskans. The CCU currently comprises two program coordinators, a deputy director of complex case systems, and two positions currently in recruitment.

- Purpose: To monitor complex cases in DFCS custody and to proactively identify barriers to care within the State of Alaska system. The CCU partners with DOH to propose changes to policy, regulations, and processes to better serve complex Alaskans.
- The CCU collaborates with the Office of Child Services (OCS), Department of Juvenile Justice (DJJ), Alaska Psychiatric Institute (API), and Pioneer Homes to locate gaps in services, and barriers to least restrictive placements.
- The CCU tracks data on current cases, payments, levels of care, and recommendations from providers. The information is utilized to make data-informed decisions, streamline state system processes, and improve case outcomes.

3. Residential Habilitation Medicaid Services for Complex Needs Individuals

DOH added new flexibilities and services to better serve complex individuals receiving residential habilitation services under home and community-based services (HCBS) Medicaid waivers:

- Adolescents ages 16-17 may now be eligible for group home habilitation services (which were previously only available to adults) in certain circumstances.
- Providers caring for certain complex individuals who require more staff supervision can now access increased acuity add-on payment rates and greater flexibility in staffing plans.
- New specialized residential habilitation services for complex needs individuals are under development. These services will allow providers who meet specific criteria demonstrating their ability to care for complex needs individuals to receive higher reimbursement rates.

Near-Term Goals

1. Transitional Youth Living Pilot Program

DFCS CCU has identified a gap in services for complex youth ages 13-17 who require staffing 24 hours/7 days per week in up to 2:1 ratios. Alaska currently lacks community-level care options catering to this youth population. The goal of this pilot program is to trial a model of care to transition youth out of institutional setting into a less restrictive environment while concurrently partnering with DOH through a working group of the Complex Care Committee to build the regulations, licensing, and funding mechanisms to sustain this program long term.

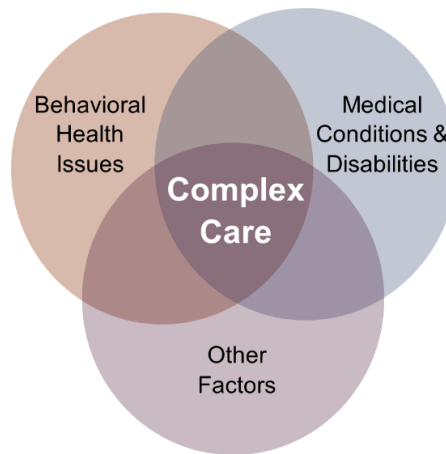
2. Complex Care Advisory Group (CCAG)

DFCS and DOH will work together to establish the third complex care working group described above, with the goal of increasing communication and collaboration with stakeholders and leveraging public-private partnerships. The departments are currently assessing staffing and resources to support the formation and sustained engagement of this group.

3. Annual Progress Update

DFCS and DOH are committed to our efforts to improve care for Alaskans with complex needs and recognize the importance of communication and transparency as we implement our goals. The departments will publish an annual update summarizing recent progress and describing goals for continued improvements in the future.

Defining Complex Care



A complex case refers to a situation or scenario that involves multiple interconnected factors, making it intricate or difficult to understand, manage, or resolve. A complex case typically involves a combination of elements including:

1. **Multiple Issues:** The case may involve multiple problems, conditions, or challenges that interact with one another which can include physical, psychological, social, legal, or a combination.
2. **Interconnected Factors:** There are often numerous factors at play that influence the case, and these factors are often interconnected and can affect one another.
3. **Uncertain Outcome:** Resolving or managing a complex case may be uncertain, and there may not be a straightforward or definitive solution.
4. **Need for Multidisciplinary Approach:** Due to the multifaceted nature of complex cases, they often require input and expertise from multiple professionals or disciplines.
5. **Longer Duration:** Complex cases tend to take a longer time to address compared to simpler cases. They may require sustained efforts and ongoing monitoring.
6. **Ethical and Moral Considerations:** There may be ethical or moral issues involved in making decisions about complex cases, particularly when multiple stakeholders have differing perspectives or interests.
7. **High Stakes:** The consequences of decisions made in complex cases can have a significant impact on individuals' lives or on broader systems.
8. **Significant Challenges:** Those coordinating care (e.g., guardians, care coordinators, state personnel, providers, and the individuals themselves) face significant challenges, such as:
 - Challenges locating the appropriate level of care within the state- including limited availability, absence of appropriate care within the state, or in rural/remote locations.
 - Appropriate level of care available but with a significant barrier- Lack of personnel, providers not enrolled in Alaska Medicaid, or transportation barriers.
 - Lack of funding mechanism or issues aligning available funding sources with the situation.

ⁱ CRT is currently limited to cases referred in by DFCS or DOH staff, but the departments are exploring the feasibility of a possible referral mechanism for providers. These cases would still be limited to those either receiving DOH or DFCS services or under the custodial care of DFCS.

ⁱⁱ CCC workgroups have focused on: implementation of specialized acuity rates and other changes made under Appendix K authority to Home and Community Based Services (HCBS) waivers, designing a transitional youth living pilot program, and exploring models of intermediate care delivery in other states.