2025 Complex Care Initiatives Joint Update

Vision

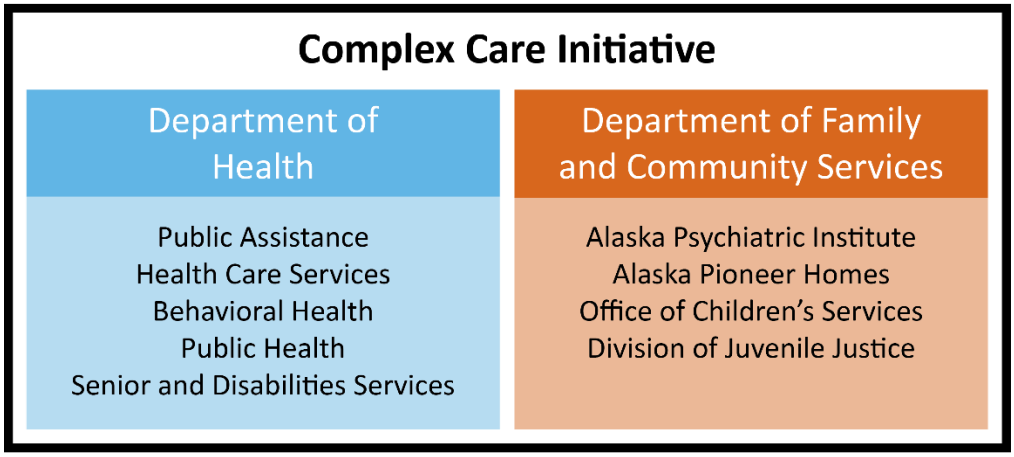
A coordinated system across the Department of Family and Community Services (DFCS) and the Department of Health (DOH) that delivers compassionate, timely, and person-centered care for the most vulnerable and complex Alaskans.

Background & Purpose

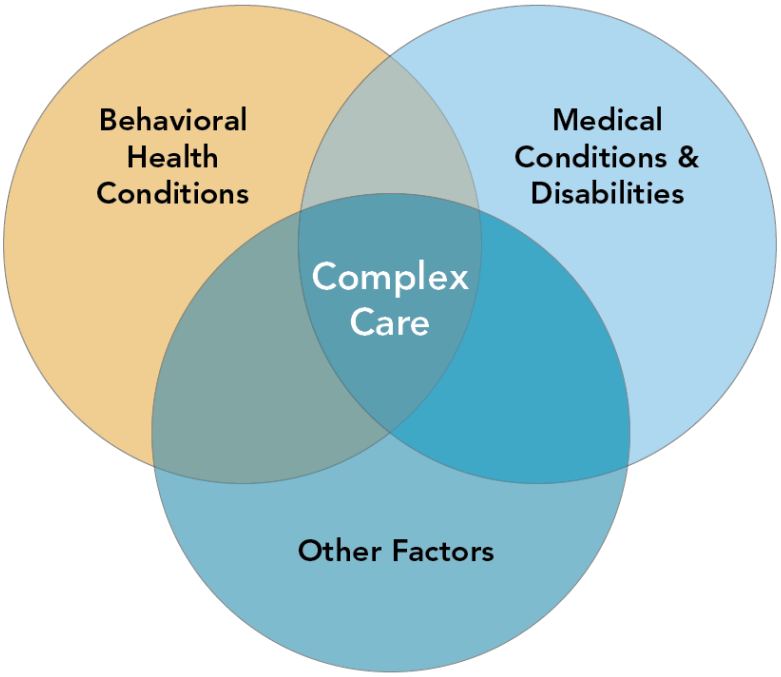
The Department of Health (DOH) and the Department of Family and Community Services (DFCS) continue to ensure that individuals with complex behavioral and medical needs are efficiently and coordinately served. This is an update to the 2023 Complex Care Initiative Report.

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

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



Defining Complex Care



A complex case refers to an individual with multiple interconnected service needs which are intricate or difficult to define, manage, or resolve within existing division or departmental programs. A person receiving complex care typically has a combination of conditions, including:

1. **Behavioral Health Conditions**
2. **Medical Conditions**
3. **Additional Factors:** Complex cases may involve multiple prevailing variables; these can include physical, psychological, social, or legal factors. Often these factors must be addressed simultaneously.
4. **Other Considerations for Addressing Complex Cases**
    - **Exploring a new path**: Managing and resolving a complex case is often uncertain, with no straightforward or definitive solution. They are also often without precedent, making novel solutions necessary.
    - **Need for Multidisciplinary Approach**: Due to the multifaceted nature of complex cases, they often require input and expertise from multiple professionals from diverse disciplinary backgrounds.
    - **Longer Duration**: Complex cases tend to take a longer time to address compared to less acute cases. They may require sustained efforts and ongoing monitoring.
    - **Significant Challenges:** Those coordinating care (e.g., guardians, care coordinators, state personnel, providers, and the individuals themselves) face significant challenges, such as:
        - Locating the appropriate level of care within the state, especially for those who may need to relocate from rural or remote areas.
        - An appropriate level of care may be available but accompanied by significant challenges to placement, like a lack of personnel, providers not enrolled in Alaska Medicaid, or transportation barriers.
        - Lack of a funding mechanism or issues aligning available funding sources with the situation.

Ongoing Efforts

1. **DFCS-DOH Complex Care Working Groups**

   DFCS and DOH have developed both long-term and ad hoc working groups to approach complex care improvement from differing but relevant levels: the individual, state agency, and community-wide systems level. Two of these working groups became operational in 2023, while ad hoc groups continued in varying capacities.

   - **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.[t]

     - 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.
     - At the time of this report, the CRT has processed (or moved from referral to closure and removal from the CRT list) 21 cases.
     - The departments collaborate internally and with families and case managers while cases are under CRT review.

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

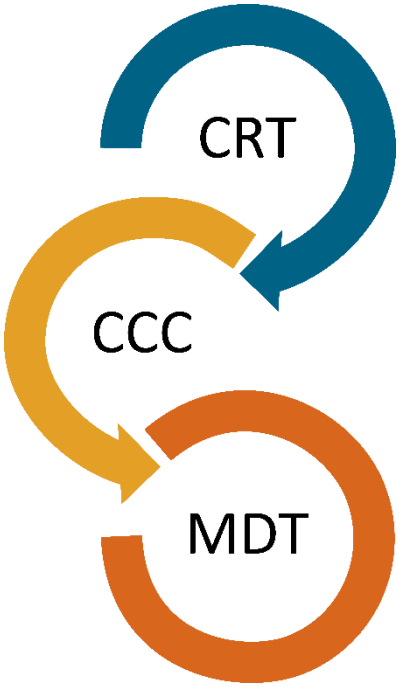
     Purpose: To identify policy solutions to address systemic gaps in access to care for patients with complex needs, providing forward-looking recommendations to DFCS and DOH leadership and implementing solutions as identified.

     - The CCC has convened multiple times since its inception. Biannual in-person meetings have been arranged to better facilitate inter-divisional engagement and collaboration. Division leaders from DFCS and DOH work together to identify policy-level solutions, often prompted by issues arising in CRT cases.

   - **Community Level: Multi-Disciplinary Team**

     Purpose: A long-term goal of the Complex Care Unit and DOH partnership is to include community partners to create a multidisciplinary team of external stakeholders to include parents, providers, and other professionals that serve complex needs individuals.

[t] *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.*



Case Response Team

- Weekly staffing from DOH/DFCS for internal cases to deescalate emergent complex care cases.

Complex Care Committee

- Quarterly to yearly meetings to create system, long-term policy changes at the state agency level.

Multidisciplinary Team

- Plans to engage with external stakeholders to create sustainable solutions, improve future outcomes, and promote individual and community engagement.

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.

Purpose: The CCU continues to monitor complex cases for those in DFCS custody or those who fall under its statutory authority. The CCU also works to proactively identify barriers to care within the State of Alaska's current systems. The CCU partners with DOH to inform changes to policy, regulations, and processes to better serve complex Alaskans.

- The CCU continues to track data on current cases, payments (within its statutory authority), levels of care, and recommendations from providers. The information is utilized to make data-informed decisions, streamline state system processes, and improve case outcomes.

- **DOH Complex Care Engagement**
  - Divisions within DOH engage in their specific levels of triage and case management for individuals with complex needs. Staff within the Commissioner's Office, as well as the Chief Medical Officer, engage with the CCU for shared cases, but also work to address cases that fall outside DFCS's authority. Cases addressed by DOH fall under the categories of Medicaid beneficiary, Home and Community-Based Services Waiver recipient, 1115 Behavioral Health Demonstration recipient, or those that fall under the care of care coordinators in the Division of Senior and Disabilities Services.

3. **Residential Habilitation Medicaid Services for Complex Needs Individuals**

DOH added new flexibilities and services to better serve complex individuals receiving residential habilitation under Home and Community Based Services (HCBS) Medicaid waivers.

- More waiver-eligible youth aged 16 years and older can utilize HCBS service settings. A 2:1 acuity ratio is now more readily supported, allowing for more community placements rather than acute settings. The department has established specialized residential habilitation service placement for complex needs individuals. These services allow providers who meet specific criteria to care for complex needs individuals to receive higher reimbursement rates with acuity and allow for shift-staff support in a home setting.

Goals

API Long-term Patient Step-down

DFCS CCU has identified a gap in service settings for community-level care options catering to complex individuals at API, especially those who require intensive supervision and dynamic staffing 24 hours/7 days per week. The goal of this project is to transition complex individuals out of an acute setting and into a less-restrictive environment, while concurrently partnering with DOH through a working group of the Complex Care Committee to establish protocols. This is an ongoing effort between DFCS and DOH, and updates will be available as the project moves forward.

Strengthening Specialized Family Habilitation

DFCS and DOH are internally pursuing projects to strengthen the Specialized Family Habilitation Home for children, which is certified by the Division of Senior and Disability Services to support the provision of Home and Community Based Services. This Home and Community Based Service setting allows appropriate placements outside of institutions for children with intensive complex care needs. The creation and operationalization of these certified homes are in progress between DOH and DFCS.