

# Alaska's FASD/RPTC Medicaid Demonstration Project

## MODEL Implementation

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### **"3-M" Service Delivery Focus:**

#### **Modeling, Mentoring, and Monitoring**

Home and Community Based (HCB) Services  
for Children with SED and FASD

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# Demonstration Requirements

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- “Demonstration Project” like traditional HCB 1915c Waivers
  - mostly same parameters
  - Same application
  
- RPTC’s become recognized facilities under demo which
  - Enables children to meet an RPTC-institutional level of care
  - Enables children to remain financially eligible outside the institution; if they get disability determination and their income is under 300% SSI

# Demonstration Financing

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- \$210 million to 10 states over 5 years
  - \$15 million federal match to Alaska  
for life of project=approx 30 mill total computable
  
- Regular FMAP reimbursement
  - Administrative activities @ 50/50
  - No extra money for additional start-up/IT system changes (MMIS/EIS)
  
- **No new money overall!**

# Alaska's Proposal

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- **Target group:**

- **14-21 year olds** placed in or at risk of placement in Residential Psychiatric Treatment Centers (RPTCs) with
- **diagnosed** or **suspected** Fetal Alcohol Spectrum Disorder (FASD)

Youth we currently treat least effectively yet at great cost:

- Monetary
- Social

# Alaska's Proposal

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## □ **Problem:**

- Target group is underserved and experiences negative health and social outcomes.
- Children with Serious Emotional Disturbance (SED) and FASD have more difficulty than others transitioning to adulthood, independent living and adult support systems.
- Data on specialized treatment interventions is needed to provide evidence of effective practice
- Kids coming home need schools involved
  - part of transition plan success
  - Schools need billable services to help ensure sustained service over time
- **“Practice Based Evidence” to support 3-M Model and interventions.**

# Alaska's Proposal

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## **Current Issues:**

- Inappropriate placements for this population lead to ineffective interventions
  - Youth with an FASD model disruptive, dysfunctional behaviors in RPTCs
  
- Increased service capacity in home communities will lead to better outcomes
  - Building natural supports will serve youth into adulthood

# 3M Design and Development

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## □ Values

- No child will fail
- Stability for child and family
- Predictable, responsive environment
- Plan for transition and sustainability
- Establish and enhance natural supports
- Simple, lean program design
- Mentor to independence vs. co-dependence

## □ Epochs

- Recruitment/Acceptance
- Service Delivery
- Service to Transition

# 3-M Design and Development

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## Treatment plans and services are

- Strengths based
- Person centered
- Based on Wraparound model
- Culturally appropriate and competent

# 3-M Design and Development

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Successful Interventions are based on:

**Modeling-**

- to learn desired behaviors

**Mentoring-**

- consistent reinforcement of desired behaviors

**Monitoring-**

- continual evaluation and data collection for gathering **practice-based evidence**

# Implementation Process

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- Alaska implements in October 2007
  - Participant recruitment
  - Provider recruitment
  
- Training-Intro and ongoing required for
  - certification to bill Medicaid
  - research aspect of demo
  - Ensure fidelity to the model

# 3M Design and Development

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Services are centered on:

- Treatment and Intervention Mentors
- Community supports/natural supports
- Specialized services
- Specialized living arrangements
- Continual assessment and evaluation of case plans

## 3M Modeling-Mentoring-Monitoring

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# 3M Design and Development

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- Home & Community-Based (HCB) Placements
  - Family home
  - Therapeutic group homes
  - “Supported” independent living

# 3M Design and Development

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□ Total unduplicated census of children projected to be served in Demonstration Project:

- Year 1: 7
- Year 2: 25
- Year 3: 53
- Year 4: 83
- Year 5: 88

# 3M Design and Development

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- Children with confirmed or suspected FASD are diagnosed through

## Alaska's Multidisciplinary FASD Diagnostic Teams-12 Teams

- If local capacity is a problem:
  - child can be transported,
  - API may be an option

# 3M Proposed Services

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- ❑ **Treatment and Intervention Mentors (TIM):**  
An SED/FASD Intensive Skill Development Model to implement plan of care
- ❑ **Plan of Care Coordination Services**  
Development of RPTC transition plan, integrated plan of care, interdisciplinary team coordinator, supervision of TIM and plan implementation
- ❑ **Training and Consultative Services:** training and consultative/counseling for unpaid & paid caregivers to provide and support therapeutic interventions using the “3-M” approach.
- ❑ **Habilitation:** Using modeling and mentoring techniques, provides assistance with acquisition, retention, or improvement in skills related to activities of daily living
- ❑ **Respite Care:** Services provided to individuals on a short-term basis because of the absence of or need for relief of unpaid caregivers.

# Treatment and Intervention Mentors (TIMs)

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- **Scope:** Service delivery components:
  - Modeling to youth:
    - Social skill acquisition
    - Independent Living skills
  - Modeling to family and other caregivers and providers
    - Effective interventions with youth and providers
    - Behavioral supports
  - Mentoring to success
    - Independent choices
    - Building relationships for recovery
  - Daily oversight/monitoring of service plan
- Average Caseload: should be 3 recipients.

# Treatment and Intervention Mentors (TIMs)

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- TIMs are responsible for building environments that teach and support positive behavior through
  - 1) Modeling behavior/skill
  - 2) Mentoring through support and revision as the youth practices behavior/skill
  - 3) Monitoring progress to supporting the newly learned behavior

# Treatment and Intervention Mentors (TIMs)

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- ❑ Role model for positive behavior and will lead youth to other positive role models.
- ❑ Build early intervention into the plan by monitoring for development of new issues and behaviors so they are addressed immediately.

# Treatment and Intervention Mentors (TIMs)

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- ❑ Behavioral skill development targeted to address learning abilities and disabilities so new behaviors and skills are used to ensure higher level of independence.
- ❑ Both mentors and youth should be able to understand and explain behaviors that are expected
- ❑ Modeling and practicing new behaviors have potential to alleviate many SED symptoms and behaviors within the greater context of FASD

# Plan of Care Coordination Services

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- ❑ Work with state liaison, family, youth and other paid and unpaid providers and caregivers to **develop plan of care**
- ❑ Administer **functional assessments**
- ❑ **Monitor development/implementation of Integrated Service and Transition Plan**
  - ❑ Supervision of TIM,
  - ❑ Ongoing TIM training
  - ❑ Plan approval and review
  - ❑ Family networking

# Mentoring

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Treatment and Intervention Mentor-TIM  
**Mentoring youth, family, community**

Care Plan Coordinator-MH Clinician  
**Mentoring TIM through supervision**

State Project Staff-Technical Assistance-  
**Mentoring to the Model and Waiver Requirements**

# Training and Consultative Services (TRaCs)

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## 2 Levels of Service

### **Professional and Paraprofessional**

Specially trained, licensed health care professionals operating under the scope of their license

- ❑ Services delivered to:
- ❑ Family=case development
- ❑ TIM=case planning and monitoring/supervision
- ❑ Other licensed professionals=consulting and training

# Training and Consultative Services (TRaC)

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**Paraprofessionals** may provide certain services under the direction of a licensed professional. (e.g., someone trained as a parent navigator)

- Specific training for families or TIM's or other professionals:
  - advocacy, skills training, consulting.
  - Patient Education, family stabilization
  - Home care training to home care client
  - TIM training to families and community supports

# Habilitation

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## **Service Scope:**

direct service worker helping with ADL's with youth. Engaging in activities at the ground level. Model includes mentoring and modeling at all levels.

- 1-to-1 services to learn daily living skills that maintain skill levels. (not rehab)
  
  - Residential Habilitation- takes place where you live (sleep at night) out of home placement-res, foster care (adult and child), adult must be in AL licensed home. Services in biological family home
  
  - Day Habilitation – takes place out of your home. Services out-of-home care...must be licensed care per Keyes amendment and you must have a way to prevent paying for services in unlicensed home.
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- Licensed residential care: Day rate
  - Non-licensed: Bio parent, relative - Independent living: 15 minute units of service

# Draft Training Model

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- **Certification Training for TIMs, Tr/C and possibly other waiver providers:**
  
- **Long term plan:**
  - Training to be built into existing training resources including university program for credentialing in order to institutionalize it into existing systems (i.e. Center for Resource Families, BH Aid training, Rural Human Services training, etc..) and ensure that students can build on it for higher levels of education.
  
  - Waiver providers may be expected to obtain training independently prior to being hired OR they would have the option to obtain training within a set timeline after being hired.

# Draft Training Model

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## □ **Short term plan:**

- New model and no workforce trained in it.
- DHSS will host a 3-5 day training in October and will fund the training for the first group of TIMS and TraC's to attend. This session may be open to other providers in demo communities also.
- This group may include: parents/foster parents for the first group of children to be served by the waiver, other in-state experts who are not working directly with the project but will be resources, FASD team members, DHSS staff working with the waiver, special education professionals, vocational rehabilitation, etc.

## □ **Training model utilizes local and national experts and Alaska families.**

# 3-M Design and Development

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## Treatment plans and services are

- Strengths based
- Person centered
- Based on Wraparound model
- Culturally appropriate and competent

# 3M Proposed Services

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## Services specifically designed to support the transition to adulthood

are offered to youth **ages 17-21** in this demonstration project:

- **Supported Employment:** Paid employment for individuals for whom competitive employment at or above the minimum wage is unlikely, and who need intensive ongoing support to perform in a work setting.
- **Community Transition Services:** Pays non-recurring set-up expenses for transitioning into the independent community living placements. E.g., security deposits, etc.

# Alaska's RPTC Demonstration Project

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## □ **Project Director**

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