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April 25, 2023

Emily Beaulieu
Medicaid State Plan Coordinator
Alaska Department of Health
3601 C Street, Suite 902
Anchorage, AK 99503
(907) 465-5820

Via email: emily.beaulieu@alaska.gov

Re: Tribal consultation concerning Department of Health's intended state plan amendment to continue suspension of behavioral health service authorization requirements for one year post-PHE

Dear Ms. Beaulieu:

As President and CEO of Cook Inlet Tribal Council (CITC), an Alaska Native Tribal organization which serves as the primary education and workforce development center for Native people in Anchorage, Alaska, I am privileged to offer the following comments for your office's Tribal consultation concerning the state plan amendment (SPA). As a provider of behavioral health services, CITC strongly supports the Department of Health's efforts to improve access to care through the continued suspension of the service authorization (SA) requirement and further urges it to make this change permanent, for all of its recognized benefits.

CITC is designated its Tribal authority through Cook Inlet Region Inc., an Alaska Native regional corporation organized through the Alaska Native Claims Settlement Act and recognized under Section 4(b) of the Indian Self-Determination and Education Assistance Act (PL 93-638, 25 U.S.C. 5304(e)). Our governance consists of representatives of both the regional corporation and the region's eight federally recognized Tribes. CITC leverages resources between federal formula and competitive grant funding, private sector donors (foundations, corporations, individuals), and earned income derived from social enterprise. With these funds, CITC builds human capacity by partnering with individual Alaska Native people, resulting in lasting change for our people, their families, and their communities.

Our Addiction and Recovery Services department operates a variety of programs and facilities that provide adult participants with outpatient and residential substance use disorder treatment services. CITC's continuum of care ranges from screening and brief intervention, through intensive out-patient and ASAM level 3.1 and ASAM level 3.5 residential programs that incorporate the structure of Alaska Native culture into the therapeutic care model. Our outcomes typically exceed national standards, and our ability to infuse culture into the programming has allowed us to build relationships with our participants to effect real behavior change. CITC's commitment to employing staff with lived experience has increased connectivity with prospective, current, and former participants and transformed our practice.

These experiences provide the basis for the following comments:

In its April 5, 2023 Dear Tribal Leader Letter, the department acknowledges that the continued suspension of the SA requirement will improve access and reduce barriers to care for Medicaid-eligible AN/AI beneficiaries – indeed, all beneficiaries – and will assist Medicaid fee-for-service behavioral health providers by decreasing the administrative burden in providing this critical care. CITC asks the department to consider these recognized benefits and use them as bases to advocate for a permanent suspension of the SA requirement.

From its front-line perspective, CITC offers its own experience providing behavioral health services during the PHE. Most notably, CITC has seen no misuse of services while operating without the SA requirement. At the same time, the SA's added paperwork burden puts more strain on our already overworked staff and directly diminishes the time they are able to spend working with participants. Considering that the information needed to determine whether the treatment plan is medically necessary is easily found in the plan when it's sent out for billing, the redundant nature of the SA requirement is inconsistent with effective care. Spending limited staff time on a duplicative administrative task is particularly frustrating. Unquestionably, the net effect of the SA requirement is to make more difficult our efforts to provide the services that change lives. It must also be noted that the SA's proposed timing doesn't follow a normal level of care for treatment; for example, it makes little sense to write an SA after 30 days when residential treatment is 4-6 months, longer than a normal treatment plan and too soon to show clinical relevance.

One of the wide-ranging goals in enacting the comprehensive reform of Alaska's Medicaid program through the 1115 Waiver was to reduce administrative burden, yet the SA unquestionably has added to this burden. CITC supports the department's efforts to suspend the requirement for another year through the SPA and strongly urges it to do all in its power to make the suspension permanent.

We further ask the department to work with Tribal providers, as outlined in its Tribal Consultation Policy, toward our shared goal "of ensuring maximized access to rights, protections, and services, including critical health and social services, while shared resources are effectively and efficiently utilized." Through the elimination of the SA requirement, together we maximize access to services for the people we serve and reduce the barriers and challenges faced by all providers in order to achieve improved health and wellness outcomes.

Thank you for this opportunity to provide comments. CITC stands ready, willing and able to work tirelessly in partnership with the Department of Health on behalf of Our People. Please feel free to contact me at goneill@citci.org or 907-793-3278 for further information or if you have any questions.

Sincerely,



Gloria O'Neill
President and CEO
Cook Inlet Tribal Council, Inc.