

## Compilation of Proposed Tribal Changes to Disaster Relief SPA #1

Number	Source	Comment	State Response
		<b>The state would like to thank the tribal health system for the thoughtful input on the disaster relief state plan amendment (SPA) transmitted via the comments directly transposed below.</b>	
		<b>The agency adds the following optional benefits in its state plan:</b>	
1	Multiple	Add to the list of other covered providers at Attached Sheet to Attachment 3.1-A, Page 2, subparagraph 6.d.4 the following, and cover their services within the full scope of their authorized practice and when furnished in any setting: Marriage and Family Therapists, Licensed Professional Counselors.	On April 22, the state received CMS approval for the SPA adding licensed marriage and family therapists under the other licensed practitioner benefit - but the implementing regulations have not received final approval. The state is working through the regulatory process necessary to allow the addition of licensed professional counselors under the OLP benefit.
		<b>The agency makes the following adjustments to benefits currently covered in the state plan:</b>	
2	Multiple	Cover all services, otherwise covered by the State Plan or any waiver, that are furnished in any setting by an individual acting within the scope of his or her health care licensure or certification issued by or for any State, tribe, US territory, the District of Columbia, or the Community Health Aide Program Certification Board, to the same extent as if the service had been furnished by a physician or other qualified provider, and without limitation as to frequency, site of service, prior authorization, or other special coverage or payment limitations.	The state believes this to be an overly broad request, essentially asking that the state remove all guardrails for the provision and reimbursement of services in the Medicaid program, and which will consequently create difficulties during the annual legislative audit process.
3	Multiple	Add the following to the list of practitioners whose services earn the IHS Encounter rate in tribal facilities: licensed psychologists, clinical social workers, licensed marriage and family therapists, professional counselors.	This request is a continuation of ongoing dialogue between THOs and the state regarding the addition of provider types to the established encounter rate and is not specific to the COVID-19 public health emergency (PHE). While the state understands the desire to promote integrated care in these settings, the COVID-19 data to date does not support a need to address this issue in the disaster relief SPA.
4	Multiple	Remove the requirement that hospitals obtain prior continued stay authorizations for inpatient stays over three days.	The state received authority to waive Medicaid fee-for-service prior authorization requirements via the 1135 waiver process. However, because prior authorization for in-patient hospital stays serves as a valuable tool in the monitoring of service usage within the Medicaid program, the state has elected to maintain this requirement throughout the Public Health Emergency (PHE).
5	Multiple	Remove the qualifications for case managers working in Tribal Targeted Case Management Programs.	The state does not believe the removal of all qualifications for case managers working in the tribal targeted case management (TTCM) program is in the best interests of recipients. Provider qualifications exist to ensure quality of care for recipients.

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6	Multiple	Remove the requirement for prior authorizations for community behavioral health center services furnished in excess of the stated limits.	The Medicaid fee-for-service prior authorization requirements were waived with the approval of Alaska's 1135 waiver.
		<b>Telehealth. The agency utilizes telehealth in the following manner, which may be different than outlined in the state's approved state plan:</b>	
7	Multiple	Expand the services that may be reimbursed when furnished via telehealth to include all covered services except as expressly forbidden by any non-waived federal or state law, and including services the Plan otherwise requires to be furnished face-to-face.	The state has temporarily removed existing policy restrictions, allowing for the provision of medically necessary services through telehealth modalities.
8	Multiple	Reimburse services furnished via all non-public facing communication technologies, both store-and-forward and live-and-interactive technologies, and including services furnished via video or audio-only telephone, and radio.	The state has temporarily removed existing policy restrictions, allowing for the provision of medically necessary services through telehealth modalities.
		<b>Payments:</b>	
		<b>Optional benefits described in Section D</b>	
9	Multiple	Newly added benefits described in Section D are paid using the following methodology <b>(a)</b> 100% of the published fee schedules <b>(b)</b> Other: for any COVID-19 related services furnished by or through a tribal health facility or program are reimbursed at 125% of the otherwise applicable IHS encounter Rate, CHP Encounter Rate, or physician fee schedule.	<b>(a)</b> the state will reimburse licensed marriage and family therapy services (OLP) of the published fee schedule upon finalization of the implementing regulations. <b>(b)</b> the state does not believe it has the authority to increase the IHS encounter rate to 125% of that established by the federal government (OMB/federal register) using this disaster relief SPA process.
		<b>Increases to state plan payment methodologies:</b>	
10	Multiple	The agency increases payment rates for the following services: (1) Services furnished by or through an Indian or tribal health facility (2) Services furnished via telehealth.	The state believes that the intent of this statement is to ensure that the payment increases outlined in the items below apply to services furnished by or through an Indian or tribal health facility and that those services could utilize telehealth as a service delivery modality. As such, each specific request is responded to individually below.

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		<u>Payment increases are targeted based on the following criteria:</u>	
11	Multiple	Reimburse Tribal Targeted Case Management per episode rate equal to the existing monthly rate, this increase is reflective of the increased requirements for TCM providers during the PHE.	The state requested flexibility to modify the Infant Learning Program (ILP) and Long-Term Services and Supports (LTSS) targeted case management (TCM) reimbursement to facilitate the program-driven increase in case manager contacts with recipients during the PHE. Unlike the ILP and LTSS TCM services, Tribal TCM (TTCM) is minimally utilized (by only one tribal provider - NSHC). While the state understands the Tribal Health Organizations (THOs) desire to advance a long sought after revision to existing TTCM policy and practice, it does not believe the disaster relief SPA is the appropriate venue in which to address those issues.
		<u>Payments are increased through:</u>	
12	Multiple	Payments for any COVID-19 related services are increased through an increase of 25% to the otherwise applicable IHS encounter rate, physician fee schedule, or CHP Encounter Rate.	The state does not believe it has the authority to increase the IHS encounter rate to 125% of that established by the federal government (OMB/federal register) via this disaster relief SPA
13	Multiple	Tribal clinics will be paid at the IHS encounter rate for services furnished outside the facility's four walls by clinic personnel acting under the general supervision of a physician, and at 125% of the IHS outpatient encounter rate for any such services that are COVID-19 related.	The state does not believe it has the authority to waiver the 4-walls provision or increase the IHS encounter rate to 125% of that established by the federal government (OMB/federal register) via this disaster relief SPA process.
14	Multiple	Tribal outpatient hospitals and clinics will be paid at the enhanced encounter rate for any COVID-19 related services of the following additional practitioners acting within the scope of their licensed or certified practice, and at 100% of the applicable encounter rate for their other services: licensed psychologists, clinical social workers, licensed marriage and family therapists, and professional counselors.	See response to item #3 response above.
15	Multiple	All providers involved in a telehealth service will be reimbursed at the applicable enhanced rate (e.g., at 125% of the applicable IHS encounter or CHP Encounter Rates), including the presenting, referring, and consulting providers.	The state does not believe it has the authority to increase the IHS encounter rate to 125% of that established by the federal government (OMB/federal register) via this SPA process.
16	Multiple	Reimburse at the federal per diem rate patient and escort accomodations that are leased or contracted for governmental and tribal providers, as well as those that they directly "operate."	This request is a resumption of an ongoing THO request that the state expand allowable reimbursement to include leased or contracted accomodations in the state plan. The state denied this request and does not see the COVID-19 data supporting the revisitation of this issue.

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ANHB	Alaska Native Health Board
ANTHC	Alaska Native Tribal Health Consortium
APIA	Aleutian Pribilof Islands Association
ASNA	Arctic Slope Native Association
BBAHC	Bristol Bay Area Health Corporation
CATG	Council of Athabascan Tribal Governments
Chug	Chugachmiut
CRNA	Copper River Native Association
EAT	Eastern Aleutian Tribes
KANA	Kodiak Area Native Association
KIC	Ketchikan Indian Community
KIT	Kenaitze Indian Tribe
Maniilaq	Maniilaq Association
MIC	Metlakatla Indian Community
NSHC	Norton Sound Health Corporation
SCF	Southcentral Foundation
SEARHC	Southeast Alaska Regional Health Consortium
TCC	Tanana Chiefs Conference
YKHC	Yukon Kuskokwim Health Corporation
Multiple	more than one THO made similar comment