



February 26, 2021

Courtney O'Byrne King
Medicaid State Plan Coordinator
Alaska Department of Health & Social Services
3601 C Street, Suite 902
Anchorage, AK 99503
Via Email: Courtney.King@alaska.gov

RE: Proposed Medicaid State Plan Amendment – Behavioral Health State Plan Services, Phase 1

Dear Ms. King,

Southcentral Foundation (SCF) provides these comments in response to the proposed Medicaid State Plan Amendment – Behavioral Health State Plan Services, Phase 1.

Southcentral Foundation is the Alaska Native tribal health organization designated by Cook Inlet Region, Inc. and eleven Federally-Recognized Tribes – the Aleut Community of St. Paul Island, Igiugig, Iliamna, Kokhanok, McGrath, Newhalen, Nikolai, Nondalton, Pedro Bay, Telida, and Takotna – to provide healthcare services to beneficiaries of the Indian Health Service pursuant to a compact with the United States government under the authority of P.L 93-638, as amended, the Indian Self Determination and Education Assistance Act.

Southcentral Foundation provides services to more than 65,000 Alaska Native and American Indian people living in the Municipality of Anchorage, the Matanuska- Susitna Borough and 55 rural Alaskan villages. Services provided by Southcentral Foundation include outpatient medical care, dentistry, optometry, psychiatry, mental health counseling, substance abuse treatment, residential treatment facilities for adolescents and for women, suicide prevention and domestic violence prevention. We employ over 2500 staff who work together with Customer-Owners on their journey to wellness .

Southcentral Foundation would like to take this opportunity to express our appreciation for the State's longstanding partnership with Tribal Health Organizations. We have seen many positive changes to regulations and State Plan Amendments (SPAs) based on consultations and public comments. Thank you for your attention to the issues we raise.

Southcentral Foundation fully supports the issues and recommendations in the attached ANHB Tribal Consultation comment letter. SCF provides comments on the following topics:

- **Short Term Crisis Services. (Matrix page3)**
 - On page three of the matrix is the proposed removal of short-term crisis intervention services not to exceed 22 hours per state fiscal year. The brief explanation states that short-term crisis services are being removed from the list of State Plan clinic services because “services of this nature are covered by the State’s 1115 waiver authority – instead of the State plan.”
 - **Recommendation:** We urge that crisis code language remain in the state plan as written.



- **Justification:**
 - There are no 1115 Waiver codes that permit short-term intervention unless furnished by a peer, 23-hour crisis center, short-term residential services, or ACT team. There is need for crisis services in other settings furnished by qualified behavioral health providers.
 - The 1115 Waiver does not include reimbursement for master’s level therapists and bachelors’ level clinical associates to bill for a variety of crisis services.
- **SBIRT Services (Matrix pages 6 and 7)**
 - We want to thank the State of Alaska for adding Screening and Brief Intervention Services to the State Plan under this proposed State Plan Amendment.
 - **Recommendation:** We would encourage you to add at least the following to the list of qualified providers: “Tribal Clinic,” “Federally Qualified Health Center,” and “Health Professional Group”.
 - **Justification:**
 - The need for SBIRT services occurs in many locations, for example a behavioral health clinic, emergency room, or village primary care clinic. Providers in all of these locations can and should furnish SBIRT services, based on the “no wrong door” principle and be eligible for reimbursement. This would include outpatient hospitals, tribal clinics, FQHCs, physicians, nurse practitioners, independent psychologists, as well as any other health care providers who may need to furnish SBIRT services. Behavioral Health Aides would be reimbursed under the Health Professional Group provider type upon completing the needed certification, and that is how Community Health Aides/Practitioners in the village clinics are reimbursed.
- **Reduce the administrative burden for Therapy Services (Matrix page 2)**
 - The current requirements under State Plan behavioral health services are a burden for providers and Customer-Owners seeking care. The current 10-hour cap before providers are required to submit service authorizations is too limiting and requires frequent paperwork that reduces the amount of time providers can spend with Customer-Owners.
 - **Recommendation:** We recommend that prior authorization thresholds for “any combination of individual, group, and family therapy” be eliminated entirely, or at least substantially increased beyond the 10 hours currently proposed, perhaps to 30 hours.
 - **Justification:**
 - The service limits proposed seem non-reflective of the care that is being provided. If prior-authorization requirements are imposed, they should reflect what is anticipated being provided in a year’s worth of time like the other services for which limits are stated. It is rare for someone to be in insight-based therapy for less than a year, especially when meeting the criteria listed as Severe Mental Illness. This level of justification is not required for on-going treatment of chronic physical conditions. . On-going treatment of chronic behavioral health conditions should not be subject to a different authorization standard. Removing these limits would provide not only seamless services for Customer-Owners but also help with provider morale and retention.
 - Additionally, prior authorizations are primarily a cost containment mechanism. Alaska Native and American Indian patients enrolled in Medicaid have 100% FMAP for care provided at or through a tribal provider. If the Department is opposed to doing away with hour-threshold based prior authorizations over all due to costs, we would urge that tribal providers be exempted from prior authorization requirements.



- **Pharmacologic Management (Matrix page 2)**
 - The draft SPA would require prior authorizations for pharmacologic management exceeding one visit per week for four weeks and then one visit per month thereafter.
 - **Recommendation:** We recommend a step-down approach, with one visit per week being allowed for four weeks, then bi-weekly for 8 weeks, then one visit per month thereafter.
 - **Justification:**
 - Not all Customer-Owners transition from weekly appointments to monthly appointments immediately. It is common for Customer-Owners to go from weekly to bi-weekly appointments and then to monthly appointments. This change would better reflect actual recipient needs and would help with the administrative burden that providers already face for justifying medical care and for proper treatment of the Customer-Owners we serve.

We appreciate the opportunity to provide these recommendations on the proposed SPA, and should you have any comments or questions regarding our recommendations, please contact Michelle Baker, Acting Vice President of Behavioral Services, at mbaker@scf.cc or via telephone (907) 729-4907.

Sincerely,
SOUTHCENTRAL FOUNDATION

A handwritten signature in black ink, appearing to read "Kyle", written over a light blue horizontal line.

April Kyle, MBA
Interim President/CEO