State of Alaska Responses to Comments Received During Tribal Consultation – Phase I of Revisions to Behavioral Health Services - Proposed State Plan Amendment

Key to Source Acronyms in Chart:

ANHB	Alaska Native Health Board
BBAHC	Bristol Bay Area Health Corporation
FNA	Fairbanks Native Association
KTC	Knik Tribal Council
SCF	Southcentral Foundation

Chart of Tribal Comments and State of Alaska Responses

#	Source(s)	Tribal Comment	State Response
1	ANHB BBAHC FNA KTC SCF	**Topic:** Short-term crisis services **Recommendation(s)**: > We urge that crisis code language remain in the state plan as written. **Justification(s)**: > There are no 1115 waiver crisis codes that permit short-term intervention unless furnished by a peer, 23-hour crisis center, short-term residential service, or ACT team. There is a 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.	The department appreciates the identification of this issue in the proposed SPA, concurs with the comments, and commits to retaining short-term crisis services in the state plan.
2	ANHB BBAHC FNA KTC SCF	**Topic:** SBIRT Services **Recommendation(s):** > We encourage you to broaden the list of qualified providers to include all provider types who may deal with recipients who need the service, including but not limited to Behavioral Health Aides and Practitioners (BHA/P), Community Health Aides and Practitioners (CHA/P), physicians and non-physician practitioners, behavioral health clinicians, "Tribal Clinics", and "Federally Qualified Health Centers."	Thank you for raising this issue. The department does not intend for this state plan amendment to change the provider types eligible to provide Screening and Brief Intervention Services. To provide additional clarity for tribal providers, the department added the following language, "or certified BHAs working within their scope of training and operating under the supervision of a licensed professional."

		Justification(s): > The need for SBIRT services may arise in almost any health care setting, and the list of providers who may furnish and be reimbursed for the services should be expanded accordingly. > By its nature, the service is intended to catch recipients when and where they are seen, so they may receive the immediate services they require and be referred out for additional behavioral health services as appropriate. > This (need) may occur in behavioral health clinics, outpatient hospitals, emergency rooms, village primary care clinics, FQHCs, physician's offices, mental health clinician offices, and other locations. > Providers in all of these locations, with the appropriate training, can and should furnish SBIRT services, based on the "no wrong door" principle, and when they do, they should be eligible for reimbursement. > The list of covered providers should include outpatient hospitals, tribal clinics, FQHCs, physicians, nurse practitioners, physician assistants, independent psychologists, family and marital therapists, professional counselors, CHA/Ps and BHA/Ps, as well as any other health care providers who may be presented with the need to furnish SBIRT services.	
3	ANHB BBAHC FNA KTC SCF	**Topic:** Reduce Administrative burden for therapy services **Recommendation(s):** > We recommend that prior authorization thresholds for "any combination of individual, group, and family therapy" be eliminated entirely, or a least substantially increased beyond the 10 hours currently proposed, perhaps to 30 hours. **Justification(s):** > 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	The department concurs with tribal health organizations' comments on the pre-existing service limitations and revised the submission to reflect 30 hours instead of 10 hours.

		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 SMI. This level of justification is not required for Medical appointments. Why should the treatment of ongoing chronic behavioral health conditions be treated differently? Removing or significantly increasing these limits would provide not only seamless services for customers but also help with provider morale and retention. > Additionally, prior authorizations are primarily a cost containment mechanism. AN/AI patients enrolled in Medicaid have 100% FMAP for care provided at or through a tribal provider. If the Department is opposed to eliminating prior authorizations over all due to costs, would it be possible to exempt Tribal providers from such prior authorization requirements?	
4	ANHB BBAHC FNA KTC SCF	**Topic:** Pharmacologic Management **Recommendation(s):** > 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(s):** > Not all customers are able to transition from weekly appointments immediately. It is common for customers to go from weekly to bi-weekly appointments and then monthly appointments. Again, 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 patients we serve.	The department concurs with the tribal health organizations recommendation and revises the submission to reflect this step-down approach.
5	ANHB BBAHC FNA KTC SCF	**Topic:** Behavioral Health Aide Services Coverage **Recommendation(s):** > We recommend that the Department review the use of the term "licensed" to describe mental health professionals eligible to be reimbursed for behavioral health services, and	In light of the issue raised by tribal health organizations, the department has revised the SPA language to read, "The state assures any willing and qualified provider operating within the scope of their license **or certification** under state **or federal** law who delivers the services listed below to eligible recipients may

		modify the language as needed to ensure that services of certified BHA/Ps will continue to be covered to the same extent as currently. **Justification(s):** > BHA/Ps are an important provider type in the Alaska Tribal Health System. Their ability to provide behavioral health services and be reimbursed for them is key to continuing delivery of care in rural Alaska and ensuring the behavioral health continuum of care. > BHA/Ps are a certified mental health professional type, and the term "licensed" does not always encompass those health professional types that are "certified."	receive Medicaid reimbursement regardless of the setting in which the service is furnished." (emphasis added)