



KENAITZE
INDIAN
TRIBE

September 2, 2022

Email: courtney.king@alaska.gov

Courtney O'Byrne King
Medicaid State Plan Coordinator
Alaska Department of Health and Social Services
3601 C Street, Suite 902
Anchorage, AK 99503

RE: Proposed Medicaid State Plan Amendment on Preventive, Vision, and Therapy Services

Dear Ms. King,

Kenaitze Indian Tribe writes to provide comment on the proposed Medicaid State Plan Amendment (SPA) and Alternative Benefit Plan amendment on preventive services, vision services, and therapy services – including physical therapy, occupational therapy, and speech-language therapy. We appreciate the opportunity to have Tribal Consultation on the proposed Medicaid SPA and ABP amendment to discuss the impacts on our Tribe.

The Kenaitze Indian Tribe is a federally recognized Tribal Government reorganized in 1971 under the statutes of the Indian Reorganization Act of 1934, as amended for Alaska in 1936, and the Tribal Council is the governing body of Kenaitze Indian Tribe. The Kenaitze Indian Tribe has established long-term goals to enhance the health, social, and economic well-being, education, and sustainability concerns of its people by administering programs that serve over 4,410 Alaska Natives and American Indians (AN/AI) and other people who reside in the central and upper Kenai Peninsula, including approximately 1,809 enrolled Tribal Members.

The Tribe employ about 300 full-time and part-time employees and delivers a variety of programs and services that promote the wellness of our people and the community. We also operate a Tribal justice system, early childhood education center, Elders center, social services program and more.

It's been thousands of years since our people, the *Kahtnuht'ana Dena'ina*, first inhabited the Kenai Peninsula. We call this area *Yaghanen*, the good land. After many challenges throughout the years, today we are proud to say *Naqantughedul* – the tide is coming in. We say the tide is coming in because it's an exciting time for the Tribe and our people as we continue to work toward our mission: To assure *Kahtnuht'ana Dena'ina* thrive forever.

First, we want to thank the Department for the many good changes that this SPA will offer our Medicaid beneficiaries. We recognize that several of these proposals are prompted by the need to implement statutory changes to coverage made in the Patient Protection and Affordability Act (P.L. 111-148) (ACA) sections 2713 and

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1302(a), but other changes are being offered to meet industry standards. The inclusion of habilitative services will greatly improve the ability of our beneficiaries who need such services to receive this important element of care. We also welcome the ability of our beneficiaries to access contact lenses. Lastly, we welcome alignment of preventive services with the ACA. Preventive services are the tools we have to ensure that we are working to prevent the development or worsening of costly medical conditions, and preventive treatment improves not only the quality of life for beneficiaries but ensures a more fiscally responsible approach to health care.

Although we appreciate all of these improvements, we do wish to draw your attention to some concerns with the proposed changes. Our concerns are focused on vision services and therapy services. First the Department proposes to institute a two-year requirement on eyeglasses and contact lenses for beneficiaries 21 years of age or older. There is an allowance for a more frequent dispensing of eyeglasses and contacts, but it is subject to both a review of medical necessity and Departmental prior authorization. Frequently, patients with vision conditions and impairments or other medical conditions may experience a medical need to have whole eyeglasses, lenses, or contact lenses replaced more frequently than every two years. Additionally, the proposed SPA and ABP amendment do not clearly establish that a change in prescription would qualify a beneficiary to a new pair of eyeglasses, lenses, or contact lenses, if the new prescription were to fall in the off-year of the two-year cycle. The necessity of these replacements, including changes in prescription, are best left between doctors and patients.

The burden of a determination of medical necessity and prior authorization for such new eyeglasses, lenses, or contact lenses not only puts a burden on providers, it can also harm beneficiaries' vision health if requests are denied and they must continue using out-of-date prescription eyeglasses and lenses. Vision services also have a real impact on the socio-economic wellbeing of beneficiaries in the working world. Many modern jobs require extended work on computer screens, requirements for vehicular operation, or work in rough conditions in rural Alaska. Without appropriate vision corrective lenses or the ability to replace eyeglasses, lenses, or contact lenses more frequently, beneficiaries may experience more limited economic opportunities due to impaired vision. We recommend that the language in the SPA continue to allow for annual replacement of eyeglasses, lenses, or contact lenses for beneficiaries 21 years of age or older.

Our concern extends to the limitations described in excluded vision products, including aspherical lenses, progressive or no-line multi-focal lenses, vision therapy services, polarized lenses, and anti-reflective or mirror coating. While we recognize that these products are not always part of standard care, they may be required by beneficiaries based on medical necessity. Unfortunately, the current language of the proposed SPA and ABP amendment does not allow for such medically necessary approval. We believe that such products should be available through medical necessity and prior authorization in a similar manner to ultraviolet coating, prism lenses, specialty lenses, specialty frames, and tinted lenses.

Finally, we wish to share a concern on the definition provided for "Habilitative Services" in the Occupational, Physical, and Speech-Language Therapy Services. The proposed definition is based on limitation, and includes the confusing phrase "attain, maintain, or prevent deterioration of skills and functioning for daily living never learned or acquired." This definition does not include the improvement of existing skills, which is part of the definition provided by CMS in its "Glossary

of Health Coverage and Medical Terms”¹ and is also inconsistent with the recommended definition adopted by the National Association of Insurance Commissioners (NAIC), and then adopted by the respective therapists’ associations.^{2,3}

Habilitation Services

*Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn’t walking or talking at the expected age.*⁴

We also note that there is a similar confusion to the definition proposed for “Rehabilitative Services”, which does not include the improvement of regained skills. We recommend that the Department adjust these definitions to be more inclusive and better reflect the industry standard as shared by CMS in its Summary of Benefits and Coverage “Glossary of Health Coverage and Medical Terms”.

Thank you for the opportunity to provide written comment on these proposed amendments to the Medicaid State Plan and the Alternative Benefit Plan. Should you have any comments or questions regarding our recommendations, you may contact our Executive Director of Tribal Administration, Peter Evon at (907) 335-7224 or PEvon@Kenaitze.org.

Duk’idli – Respectfully,

DocuSigned by:

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Bernadine Atchison
Tribal Council Chair

¹ CMS CCIIO, “Glossary of Health Care and Medical Terms,” accessed Aug. 29, 2022; (<https://www.healthcare.gov/sbc-glossary/>).

² American Speech-Language-Hearing Association, *Essential Coverage: Rehabilitative and Habilitative Services and Devices*, accessed Aug. 29, 2022, (<https://www.asha.org/siteassets/uploadedFiles/Rehabilitative-Habilitative-Services-Devices.pdf>).

³ American Occupational Therapy Association, “Habilitative Services are Essential Health Benefits: An Opportunity for Occupational Therapy Practitioners and Consumers,” published 2014, accessed Aug. 29, 2022 ([https://www.aota.org/~media/Corporate/Files/Advocacy/Health-Care-Reform/Essential-Benefits/Habilitative%20Services%20Fact%20Sheet.pdf](https://www.aota.org/~/media/Corporate/Files/Advocacy/Health-Care-Reform/Essential-Benefits/Habilitative%20Services%20Fact%20Sheet.pdf)).

⁴ CMS CCIIO, “Glossary.”