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U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
State Grants for the Implementation, Enhancement, and Expansion of Medicaid and CHIP School-Based Services

Notice of Funding Opportunity Number: CMS-2M2-24-001
Federal Assistance Listings Number (CFDA): 93.771

The Alaska Department of Health (DOH), as the State Medicaid Agency (SMA), is pursuing the Medicaid and CHIP School-Based Health Care Services grant opportunity to support implementation of school-based services (SBS) in Alaska. DOH recognizes the importance of SBS in improving access to health care for children and adolescents, particularly those enrolled in Medicaid or CHIP. This grant presents a valuable opportunity for us to enhance our SBS program and further support the health and well-being of Alaska's youth.

The grant funds will be used to:

- Implement improvements to current technology systems related to school-based Medicaid billing.
- Obtain contracted expert consulting support to inform multiple facets of the project and provide technical guidance and support.
- Support attendance at trainings and related educational opportunities for SMA staff and other individuals involved in provision or billing of SBS services.
- Provide opportunities for SMA outreach to Alaskan school districts.
- Develop and provide technical assistance to school districts that is user-friendly.

We will partner with the Department of Education and Early Development (DEED) and provide education and training for school district staff interested in expanding Medicaid reimbursement.

Our efforts will be informed by the SBS Stakeholder Group, which includes more than 100 individuals from partners, school districts, communities, and advocacy groups. The grant award be used to implement initiatives to reduce administrative burden on both school districts and the SMA, increase Medicaid SBS reimbursement utilization, and support school districts in maximizing federal match for provided services.

This grant application represents a critical opportunity for the DOH to address the complex challenges faced by schools in providing Medicaid-eligible SBS to students. By building system supports and overcoming administrative and financial barriers, this project aims to improve access to necessary health services for Alaskan students. We look forward to the opportunity to leverage this grant to support our efforts to improve access to quality health care services for Alaskan students.

View Burden Statement

OMB Number: 4040-0019
Expiration Date: 02/28/2025

Project Abstract Summary

This Project Abstract Summary form must be submitted or the application will be considered incomplete. Ensure the Project Abstract field succinctly describes the project in plain language that the public can understand and use without the full proposal. Use 4,000 characters or less. Do not include personally identifiable, sensitive or proprietary information. Refer to Agency instructions for any additional Project Abstract field requirements. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including USAspending.gov.

Funding Opportunity Number

CMS-2M2-24-001

CFDA(s)

93.771

Applicant Name

Department of Health

Descriptive Title of Applicant's Project

Alaska Department of Health State Medicaid Agency Application for CMS Grant Opportunity for Implementation of School-Based Services.

Project Abstract

The State of Alaska Department of Health (DOH) is seeking this grant opportunity provided by the Center for Medicare & Medicaid Services (CMS) to improve the health outcomes of Alaskan students to promote healthier futures. This grant would assist the DOH in building system supports for Alaska schools providing Medicaid-eligible school-based services (SBS) to students.

The current process presents administrative and financial barriers to school districts submitting claims for Medicaid SBS. As a result, only 6 out of 54 school districts currently seek Medicaid reimbursement. This grant is an opportunity for the state to establish foundations to increase Alaskan students' access to necessary health services. The state's goals for this project include:

1. In partnership with Local Education Agencies (LEAs) and other stakeholders, evaluate the viability of modifying the current Medicaid SBS billing methodology to decrease the administrative burden for school districts and the State Medicaid Agency (SMA), and expedite Medicaid reimbursement.
2. Support school districts in maximizing federal matching funds when they provide Medicaid SBS services to draw down more funding and support expansion of staffing/support and increase utilization for children who need services the most.
3. Increase participating regions to include the three other major regions that do not currently seek Medicaid reimbursement for SBS, enhance and improve current utilization of SBS services, and leverage the improvements to increase the number of districts billing.

This application will provide information of how this will be accomplished by DOH using CMS grant funding to begin the process of implementing actionable changes in the SBS Medicaid reimbursement system.

Grant-provided funds will be used to support assessments informed by robust stakeholder engagement that evaluates how to best serve Alaska's schools, considering the state's unique complexities. Alaska's schools face different barriers than the rest of the country. Only four of the six districts that currently bill for Medicaid services are on the road system. Many of the rest of the 48 school districts are off the road system. All school districts are in regions that are home to American Indian/Alaska Native Tribal beneficiaries. Any proposed program changes must consider Alaska's geographic, regional, and cultural landscape.

Grant funding will also be utilized to improve the systems in which school districts and the SMA submit claims and are reimbursed for providing Medicaid-reimbursable services to eligible students to improve implementation of SBS statewide. A stakeholder group has been assembled, and meetings have begun, to ensure community and professional input, focused on improving our current system of Medicaid-reimbursement. Continued stakeholder engagement, as well as contractual support from consulting groups, with inform our next steps in utilizing grant funding to the best of its ability.

BUDGET NARRATIVE

This budget narrative outlines a comprehensive overview of the financial aspects of the Alaska Department of Health's (DOH) proposed project, which seeks to enhance the Medicaid School-Based Services (SBS) program in Alaska. This narrative is a detailed guide to the budget categories, outlining the rationale and justifications behind each cost item. The primary objective is to ensure that the allocated funds are utilized in the most effective and efficient manner possible, aligning closely with the goals and objectives outlined in our proposal. Through careful financial planning and management, DOH aims to efficiently leverage grant funds to support implementation of SBS in the Alaska Medicaid program. To achieve this goal, the budget includes various key components, including travel funds, contractual costs, and direct monetary support to Local Education Agencies (LEAs) to achieve grant initiatives.

Overall, DOH, while leading the effort and overseeing the state-wide collaborative endeavors, is in large part coordinating with districts and contractors/consultants with concentrated fiscal modeling and data analysis expertise exceeding skills of state employees. As such over 90% of the proposed funding flows to these partners, with about 40% of that landing with districts to support participation, learning, and technological needs—an issue clearly identified in the initial needs assessments.

The grant funds allocated for travel are crucial for supporting DOH personnel in attending key conferences and conducting essential site visits. These activities are integral to the successful implementation of the project, as they enable DOH staff to enhance their knowledge, skills, and networks, ultimately improving their capacity to effectively manage and direct the project. Additionally, the travel funds support stakeholder engagement and outreach efforts, including those to provide technical assistance and support to districts and communities involved in SBS Medicaid reimbursement. Lastly, proposed travel supports DOH staff monitoring compliance and gathering lessons learned from district bright spots. Overall, the travel funds are instrumental in promoting professional development, knowledge sharing, and collaboration, all of which are essential for the success of the project.

Importantly, travel costs in Alaska are among the highest in the nation and can present some unique challenges that non-Alaskans may not be aware of—they are shared here for that benefit. For example, when travelling to the Lower 48 for a conference, crossing international airspace may require an extra overnight hotel stay on both ends of the trip (thus increasing costs). Even when traveling in-state, say to a remote village location, one could take a major airline to a hub community, and then need to take a smaller carrier or even charter an individual flight. Once there, it is not uncommon to be "weathered in" and need to stay additional evenings until it is safe to fly again. Lastly, because Alaska is a tourist destination, there are massive seasonal cost fluctuations both for airfare and for hotels. As a result, there is not a detailed cost breakdown for each component of travel. Rather, there is an educated estimate for trips over the course a year. Any extra funds may end up providing an opportunity for additional travel to connect with local districts on-site, while it is anticipated that any shortages would be covered by the state to complete the proposed travel.

A portion of grant funds will be utilized to engage a consultant who will play a pivotal role in enhancing the project's outcomes and ensuring its success. The consultant's expertise will be instrumental in meaningfully engaging the stakeholder group to inform in-depth needs assessments, finalizing the needs assessments, and developing a detailed project plan within six months post-award. Their responsibilities will also include scoping the feasibility of integrating or implementing new data management systems for LEAs, assessing the viability of a centralized billing entity, and creating comprehensive training materials on Medicaid billing requirements. Additionally, the highest priced set of deliverables focus on data analysis and actuarial support; the consultant will evaluate various billing and claiming options and review current covered services in the SBS program to identify opportunities for better alignment with student needs.

The budget includes direct monetary support provided via mini grants to LEAs to address barriers to Medicaid reimbursement and implement activities scoped through the final needs assessment process. These subrecipient grants are budgeted for about 40% of the overall award. We plan to leverage consultant expertise to develop and refine mini-grant use and requirements, as well as establish an application and evaluation system to award funds to subrecipients. These funds are intended to be used to improve or enhance billing systems, provide documentation and records streamlining, or support other desired outcomes and initiatives identified by the needs assessments. Through these strategic financial allocations, DOH aims to maximize the impact of the grant funding, ensuring that it directly contributes to the enhancement of the SBS program and the overall health and well-being of Alaska's children and adolescents.

Project Personnel

To facilitate the successful execution of activities funded by this grant, DOH has designated a senior staff member within the Office of the Commissioner to act as the project director. This individual will be responsible for overseeing and directing the contractor hired to carry out grant-related tasks. The project director will act as the main point of contact for the grant activities, providing guidance, oversight, and project tracking to achieve its objectives.

The project director will be backed by a team of at least three key personnel within the Office of the Commissioner. Collectively, this team will ensure the timely completion of all grant activities and provide additional staffing support for added redundancy. It is important to note that while these individuals will manage the grant, their salaries will not be funded by the grant. Instead, the grant funds will be used to support the activities outlined in the proposal, ensuring that resources are allocated effectively and in accordance with grant guidelines. Beyond their focused efforts ensuring grant goals are met, their change management support will also ensure long-term departmental and inter-departmental integration, building historical knowledge and enterprise-level solutions to sustain the work post-award and thus have lasting benefits for Alaska's students and communities.

Travel

	unit	cost	Year 1	Year 2	Year 3
TRAVEL					
YEAR 1 Educational Trips (7 DOH staff, all travel costs)	7	$ 5,000	$ 35,000		
YEAR 2 Educational Trips (7 DOH staff, all travel costs)	7	$ 5,000		$ 35,000	
YEAR 2 Site visits (2 people to 6 sites, all travel costs)	12	$ 1,200		$ 14,400	
YEAR 3 Site visits (2 people to 6 sites, all travel costs)	12	$ 1,200			$ 14,400
			$ 35,000	**$ 49,400**	**$ 14,400**

YEAR 1

Travel for training: The $35,000 allocated for travel expenses will enable DOH personnel to attend conferences such as The National Alliance for Medicaid in Education (NAME) annual conference, to ensure the project team stays informed about policy changes and developments. These conferences offer a wealth of knowledge, innovative solutions, and networking opportunities on a national scale, providing attendees with insights and strategies to enhance the implementation of Medicaid SBS.

YEAR 2

Travel for training: The $35,000 budget for travel and training will support ongoing professional development efforts. This funding will facilitate participation in conferences, workshops, and trainings that contribute to the capacity-building of project personnel. Investing in continuous learning and skill development ensures that its team remains abreast of the latest trends and best practices in SBS implementation.

Travel for site visits: The $14,400 allocation for site visits will allow two DOH staff members to travel to six different sites across Alaska. These visits are instrumental in providing direct technical assistance, conducting outreach activities, and engaging with stakeholders in districts and communities that are either currently participating in Medicaid SBS reimbursement or are interested in beginning to participate. These visits—with the strength of in-person, on-the-ground support—aim to strengthen the understanding and implementation of SBS Medicaid reimbursement at the school district site. These trips promise a series of "lessons learned" that can inform continuous improvement, on-board training models, and even future district recruitment.

YEAR 3

Travel for site visits: The $14,400 budget for site visits will once again support two DOH staff members in conducting outreach and providing technical assistance to districts and communities. These visits are essential for maintaining momentum in SBS implementation efforts, addressing emerging challenges, and fostering collaboration among stakeholders. Through these interactions, the project seeks to build sustainable partnerships and ensure the continued success of SBS initiatives across Alaska.

Supplies

	unit	cost	Year 1	Year 2	Year 3
SUPPLIES					
Training supplies			$ 5,000	$ 4,000	$ 3,000
			$ 5,000	**$ 4,000**	**$ 3,000**

YEAR 1

The allocation of $5,000 for training supplies is essential to ensure that project personnel have the necessary resources to conduct activities effectively. These supplies will support various training initiatives, including the development of educational materials, workshops, and other training resources. By investing in training supplies, the project can enhance the skills and capabilities of its personnel, ultimately improving the quality and impact of its programs.

YEAR 2

A budget of $4,000 has been allocated for training supplies to support ongoing programmatic needs. This funding will continue to provide project personnel with the tools and resources needed to deliver high-quality training and education. By maintaining this investment in training supplies, the project can sustain its efforts to build capacity, improve services, and achieve its goals.

YEAR 3

The allocation of $3,000 for training supplies ensures continued operational efficiency and effectiveness. These funds will be used to replenish and update training materials, as well as support new training initiatives. By prioritizing training supplies, the project can ensure that its personnel are well-equipped to meet the evolving needs of its programs and stakeholders, ultimately driving positive outcomes and impact.

Consultant / Subrecipient / Contractual Costs

CONSULTANT/SUBRECIPIENT/CONTRACTUAL COSTS					
Contractor			$ 285,000	$ 500,000	$ 500,000
(Needs Assessment, Policy and Actuarial Support, TA, Monitoring Planning, Evaluation, Stakeholder Engagement)					
Subrecipient					
Year 1 Mini-Grant (district x amount)	5	$30,500	$ 152,500		
Year 2 Mini-Grant (district x amount)	8	$44,575	$ -	$ 356,600	
Year 3 Mini-Grant (district x amount)	10	$44,240	$ -		$ 442,400
Focus Group Participation Stipend (district x amount)	5	$10,000		$ 50,000	
Year 3 Educational Trips (Sponsored)				$ -	$ 4,500
			$ 437,500	**$ 906,600**	**$ 946,900**

CONSULTANT CONTRACTUAL COSTS

YEAR 1

Consultant: The contracted consultant's anticipated cost of $285,000 will support the consultant's out-of-the gate efforts to engage with DOH and other stakeholders to build upon the initial needs assessment and initial infrastructure needs assessment, finalize each assessment, and develop a detailed project plan within six months post-award, including the creation of the

survey/evaluation design. The allocation accounts for the specialized expertise required to initiate and oversee scoping and evaluation of possible changes such as billing methodology, scope of services, and scope of implementation improvement. The consultant will also develop and refine parameters for mini-grant use and requirements and establish an application and evaluation system to award funds to subrecipients. The consultant will also use national level data/trends to advise on best practice, policy, and project direction in addition to acting as a thought partner for potential future SPA changes, with both types of effort amplifying in year 2 and 3 of the grant. These activities are critical in laying the foundation for the achievement of the grant's intended outcomes.

YEAR 2

Consultant: The contracted consultant's fee has been adjusted to $500,000 to accommodate expanded project activities and responsibilities. This increased funding will allow the consultant to continue supporting project oversight and implementation, including scoping the feasibility of integrating existing school or implementing new LEA data management systems. The consultant will also assess the interest and feasibility of establishing a centralized entity or consortium for billing coordination, develop training materials and resources on Medicaid billing requirements, and evaluate options for billing and claiming. This work will require actuarial expertise and the project will require a clear evaluation, monitoring/compliance plan at this time.

YEAR 3

Consultant: The contracted consultant's fee remains consistent at $500,000 in Year 3, reflecting ongoing support for project oversight and implementation. During this period, the consultant will continue to work closely with DOH and stakeholders to ensure that the project remains on track to achieve its goals. This includes reviewing and assessing covered services to better meet the needs of students and providing technical assistance and support to subrecipients.

OBTAINING CONSULTANT SUPPORT

The Department of Health (DOH) intends to allocate a significant portion of the grant funds to hire a consultant who will assist in various activities outlined in the grant. However, before selecting a consultant, the State of Alaska's procurement requirements dictate that the contract must undergo competitive bidding through the state's Request for Proposals (RFP) process. This process can only begin once the grant is awarded, and funding to support the contract has been identified. Until the competitive bidding process is concluded, DOH cannot identify the specific contractor who will be responsible for this work.

The competitive RFP process aims to identify the most qualified and cost-effective contractor to carry out the tasks outlined in the grant. The RFP will include minimum qualification requirements, such as a minimum of five years of experience in actuarial and financial modeling, program evaluation, and consulting specific to Medicaid School-Based Services (SBS) programs. Additionally, at least one critical team member must be a certified member of the American

Academy of Actuaries, and a certified Fellow or Associate of the Society of Actuaries with at least three years of experience as a healthcare actuary within the past five years.

The consultant's specific services and deliverables will include engaging with DOH and other stakeholders and partners to build upon the initial needs assessment and initial infrastructure needs assessment, finalizing each assessment, and developing a project plan moving forward within six months post-award. The contract with the consultant will be structured around deliverables specific to the activities described above, with established not-to-exceed amounts to ensure that the consultant's compensation does not exceed the budget. As the contract will be deliverable based, it will not include a specified total number of days of consultation to allow for flexibility as the project progresses. However, there may be a "at-signing" fee, accounting for the Section D – Forecasted Cash Needs in the Budget Information – Non-Construction Programs form.

Utilizing the state's competitive procurement process will ensure that the contractor's compensation rate is cost-effective and market competitive. The project lead within DOH will be responsible for monitoring progress and performance, managing the contract, and ensuring that work has been completed to DOH's satisfaction before approving payment of invoices.

LEA & Stakeholder Subrecipient Contractual Costs

Year 1

LEA Subrecipient: Mini-grants totaling $152,500 will be made available to school districts to provide funding at the local level to support implementation of project interventions, fostering collaboration and community involvement. These grants aim to empower districts to implement Medicaid reimbursement for School-Based Services (SBS) effectively, providing targeted funding to address local needs and challenges. By providing financial support at the grassroots level, the project can encourage broader participation and engagement among schools and districts, ultimately enhancing the overall impact of the program.

Year 2

LEA Subrecipient: The increased allocation for mini-grants to $356,600 will provide LEAs with the financial resources needed to address key challenges and barriers to effective implementation, such as upgrading data management systems, training staff on Medicaid billing requirements, and enhancing service documentation practices.

LEAs will utilize these grants to enhance their capacity to deliver high-quality SBS to Medicaid-eligible students in alignment with the planned interventions and next steps scoped out by the project management team and the contracted consultant. The grants will allow LEAs to leverage resources and expertise from a wider range of stakeholders, maximizing the impact of their Medicaid reimbursement programs.

Focus Group Participation Stipend: A new allocation for focus group participation stipends ($50,000) could be utilized to support site visits for non-DOH staff to local school districts. By

directly interacting with school and LEA staff, focus group participants can gather valuable insights and feedback that will inform the development of technical materials tailored to meet the specific needs of end-users.

Recipients of the focus group participation stipend will bring their expertise to the table, ensuring that the technical materials developed are not only comprehensive but also user-friendly and relevant. This approach will help bridge the gap between policy and practice, ensuring that the materials align with how services are provided, documented, and claimed from the school side. Additionally, using language familiar to service providers and school administrative staff will enhance the usability and effectiveness of the materials, ultimately leading to improved implementation and outcomes for SBS reimbursement programs.

YEAR 3

LEA Subrecipients: Subrecipient mini-grants totaling $442,400 will be allocated to school districts pursuing or seeking to initiate Medicaid reimbursement for SBS. These grants will enable districts to implement and refine their Medicaid reimbursement programs, addressing key challenges and barriers to effective service delivery. By providing financial resources directly to districts, the project aims to empower them to enhance their capacity to deliver high-quality SBS to Medicaid-eligible students. These grants will support activities such as upgrading data management systems, training staff on Medicaid billing requirements, and enhancing service documentation practices, aligning with the project's overall goals and objectives.

Stakeholder Educational trips: Funding in the amount of $4,500 will be allocated to support non-DOH personnel's participation in in-person trainings, district outreach, and other opportunities that arise from the project's activities. These educational trips will provide stakeholders with valuable insights and knowledge that can inform their work in implementing and supporting SBS reimbursement programs. By engaging stakeholders in these opportunities, the project aims to foster collaboration and partnership among key stakeholders, ultimately enhancing the success of SBS reimbursement programs in Alaska.

OTHER

	unit	cost	Year 1	Year 2	Year 3
OTHER					
Registration fees			$ 5,000	$ 5,000	$ 700
			$ 5,000	**$ 5,000**	**$ 700**

YEAR 1

$5,000 has been allocated to cover registration fees for NAME or other conference attendance to ensure that project team members can attend key events related to Medicaid SBS. These conferences provide valuable opportunities for networking, professional development, and staying informed about the latest trends and best practices in the field. By attending these

conferences, project team members can enhance their knowledge and skills, ultimately contributing to the success of the project.

YEAR 2

$5,000 has been allocated to cover registration fees for NAME or other conference attendance to continue supporting opportunities for project team members stay up-to-date with the latest developments in Medicaid SBS, share their experiences and learn from others, and build valuable connections with stakeholders in the field.

YEAR 3

$700 has been allocated to cover registration fees for NAME or other conference attendance reflecting the expectation of fewer project team attendees in year 3. While maintaining a presence at key conferences remains important, the reduced allocation for registration fees in year 3 reflects the project's evolving needs and priorities.

INDIRECT

	unit	cost	Year 1	Year 2	Year 3
INDIRECT					
Indirect Costs based on PACAP, see attached documentation			$ 17,500	$ 35,000	$ 35,000
			$ 17,500	**$ 35,000**	**$ 35,000**

YEAR 1

An allocation of $17,500 has been designated for indirect costs to cover essential administrative overheads necessary for effective project management. These indirect costs include expenses such as office space, utilities, and administrative staff salaries. The amount allocated for indirect costs was determined based on DOH's Public Assistance Cost Allocation Plan (PACAP), which is included as Appendix A.

YEAR 2

Indirect costs have been adjusted to $35,000 to sustain administrative functions and ensure project continuity. This increase in indirect costs reflects the larger budget and expanded workload and staff resources required for the implementation of Year 2 activities.

YEAR 3

Indirect costs of $35,000 are maintained to support administrative functions essential for project closure and knowledge dissemination. This ensures that the project has the necessary resources to wrap up activities, finalize deliverables, and disseminate project findings and outcomes to stakeholders.

TOTAL AMOUNT REQUESTED

	AWARD		$ 500,000	$ 1,000,000	$ 1,000,000
	unit	cost	Year 1	Year 2	Year 3
TRAVEL					
YEAR 1 Educational Trips (7 DOH staff, all travel costs)	7	$ 5,000	$ 35,000		
YEAR 2 Educational Trips (7 DOH staff, all travel costs)	7	$ 5,000		$ 35,000	
YEAR 2 Site visits (2 people to 6 sites, all travel costs)	12	$ 1,200		$ 14,400	
YEAR 3 Site visits (2 people to 6 sites, all travel costs)	12	$ 1,200			$ 14,400
			$ 35,000	**$ 49,400**	**$ 14,400**
SUPPLIES					
Training supplies			$ 5,000	$ 4,000	$ 3,000
			$ 5,000	**$ 4,000**	**$ 3,000**
CONSULTANT/SUBRECIPIENT/CONTRACTUAL COSTS					
Contractor			$ 285,000	$ 500,000	$ 500,000
(Needs Assessment, Policy and Actuarial Support, TA, Monitoring Planning, Evaluation, Stakeholder Engagement)					
Subrecipient					
Year 1 Mini-Grant (district x amount)	5	$ 30,500	$ 152,500		
Year 2 Mini-Grant (district x amount)	8	$ 44,575	$ -	$ 356,600	
Year 3 Mini-Grant (district x amount)	10	$ 44,240	$ -		$ 442,400
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Year 3 Educational Trips (Sponsored)				$ -	$ 4,500
			$ 437,500	**$ 906,600**	**$ 946,900**
OTHER					
Registration fees			$ 5,000	$ 5,000	$ 700
			$ 5,000	**$ 5,000**	**$ 700**
INDIRECT					
Indirect Costs based on PACAP, see attached documentation			$ 17,500	$ 35,000	$ 35,000
			$ 17,500	**$ 35,000**	**$ 35,000**
			$ 5,000		
		spent	$ 500,000.00	$ 1,000,000	$ 1,000,000

The budget for this project reflects a comprehensive plan to enhance the implementation of School-Based Services (SBS) Medicaid reimbursement in Alaska. The budget is structured to support key activities and interventions aimed at improving billing processes, enhancing technical assistance, and evaluating billing structure options, among other initiatives.

The project's cost categories include travel, training supplies, consultant/subrecipient/contractual costs, other expenses, and indirect costs. Travel costs are allocated for staff to attend conferences and conduct site visits to support implementation efforts. Training supplies are budgeted to ensure that project personnel have the necessary resources for capacity building. Consultant/subrecipient/contractual costs cover expenses related to hiring consultants, providing mini grants to subrecipients, and supporting stakeholder engagement. Other expenses include registration fees for conferences and stipends for focus group participation. Indirect costs are allocated to cover administrative overheads essential for project management. Overall, these cost categories are essential for achieving the project's goals and objectives

All budget line items are consistent with the scope of the project activities outlined in the proposal. Each expenditure serves a specific purpose aligned with the project's overarching goals and objectives of improving implementation of SBS Medicaid reimbursement for school districts in Alaska. From contractor fees to subrecipient grants and training supplies, every allocation is

essential for driving project success. This approach not only enhances transparency and accountability but also demonstrates a clear vision for achieving the desired outcomes.

The proposed budget demonstrates a thoughtful and strategic approach to resource allocation and the utilization plan provides a clear framework for how funds will be used. Overall, the budget sets a strong foundation for successful project implementation and eventual impact.

Contents

Project Narrative

The Alaska State Medicaid Agency (SMA), the Department of Health (DOH), will leverage the Medicaid and CHIP School-Based Health Care Services grant opportunity to implement school-based services (SBS) for Medicaid-eligible students. The grant will focus on supporting school districts in enhancing and solidifying their billing methodologies, particularly those already billing Medicaid, and aiding those not yet billing for SBS. Despite recent progress, school infrastructure remains a significant barrier to effective Medicaid reimbursement and billing methods. This grant will concentrate on implementing process-based and technology-based solutions to reduce administrative and financial burdens on school districts.

Continued stakeholder involvement and outreach to currently non-billing school districts will also be a priority to ensure regional input from all areas of the vast state of Alaska. This approach aims to identify current gaps, barriers, and redundant systems that can be improved with funding. The grant funds will be utilized to integrate existing systems or implement new ones, invest in modern software solutions, provide training to staff, establish clear protocols for data management and sharing, and support districts statewide with standardized parental consent forms that align with system or service updates. Additionally, the grant will evaluate options for billing structure changes, assess covered services to better meet student needs, and establish guidelines and agreements for consortium or centralized billing models.

Section 1: Stakeholder Input

The stakeholder engagement process is crucial for ensuring the success and effectiveness of efforts under this grant, as it involves the complex intersection of healthcare and education services. The Alaska Department of Health (DOH) as the State Medicaid Agency – is well positioned to lead the stakeholder input process to inform the final needs assessment six months post-award and continuing onward throughout the life of the Centers for Medicare & Medicaid Services (CMS) grant. Engagement with partners and stakeholders will tailor the focus of the foundation of stakeholder engagement already in process.

Partnership and Stakeholder Landscape

Key stakeholders and partners in this process include the Alaska Department of Education and Early Development (DEED) as the State Education Agency (SEA), Local Education Agencies (LEAs) and schools, Alaska Native tribes, school-based services (SBS) providers, community providers, and advocates. Each plays a vital role in the delivery and coordination of services for students. Their perspectives, expertise, and input are essential for developing strategies that are responsive to the needs of students, families, and communities across Alaska.

Alaska's educational landscape is diverse, with 54 school districts serving over 500 schools. These schools vary greatly in size, from small single-site districts serving just 15 students to larger districts with up to 100 schools and over 42,000 students. Location is a significant factor as well, with schools located in urban and suburban areas as well as in rural and remote villages accessible only by plane, boat, or snow machine. Culturally, Alaska is home to 229 federally recognized Alaska Native tribes, and Tribal and Native organizations manage over

99 percent of health programs in the state.[1] Given this diversity, it is essential to include voices from all these perspectives in the process.

Alaska's Constitution and statutes include home rule provisions that articulate the authority granted to local communities to govern, organize, and operate their own school districts. This system of local control is designed to allow communities to tailor their education systems to meet their unique needs and priorities. This means that local communities can make decisions regarding curriculum, school policies, budgeting, and other aspects of their school system without direct state interference, though they are still subject to state laws and regulations, including those related to education funding, standards, and accountability.

DOH maintains a government-to-government partnership with Alaska's tribes, demonstrating a shared commitment to enhancing the health and wellbeing of all Alaskans. This partnership is integral to the provision of Medicaid services to beneficiaries, ensuring crucial access to healthcare services statewide. The DOH actively collaborates with Tribal Health Organizations, engaging in formal Tribal consultation on issues impacting the Medicaid program and working closely on a range of initiatives and programs. This collaborative approach underscores the importance of the relationship between the DOH and Alaska's tribes in advancing healthcare access and outcomes.

Foundational Stakeholder Engagement

The partners involved in this project have a history of successful collaboration. In 2022, DEED, DOH, and the Alaska Department of Family and Community Services, alongside community stakeholders and the Alaska Mental Health Trust Authority (AMHTA), continued their joint efforts to envision and improve mental health supports and services for Alaskan

[1] ANHB website: https://www.anhb.org/tribal-resources/alaska-tribal-health-system/

students. This collaboration led to the completion and dissemination of a report referred to as "Phase Two" of a landscape analysis of current mental and behavioral health efforts in Alaska school districts, titled "Mental Health Supports in Alaska's Schools: The State of Student Mental Health & Promising Approaches." [2] Recognizing schools as pivotal environments for children and youth, especially in the context of the pandemic's impact on behavioral health outcomes, the report highlights the challenges schools face in post-pandemic recovery and the prioritization of youth behavioral health in Alaska. The insights gained from the report, coupled with the collaborative efforts of the partner organizations, have guided the identification of issues and potential strategies for a longer-term strategic direction, further strengthening relationships within the stakeholder group.

In the fall of 2023, the DOH-led Behavioral Health Road Map for Youth project convened a series of regional events, a virtual statewide session, a focused Behavioral Health Aide session, and six community listening sessions. These gatherings provided forums for stakeholders, providers, partners, and families with lived experience to collectively identify challenges, opportunities, and solutions for Alaska's youth behavioral health system of care. While SBS was not initially a focal point of the Behavioral Health Road Map for Youth, it emerged as a critical area of discussion during the events. Multiple communities highlighted SBS as a priority solution to their local challenges, underscoring the importance of increasing technical capacity for districts to bill Medicaid, a recurring theme across the state. As action items were identified to enhance Alaska's youth behavioral health system, two proposed next steps directly mentioned Medicaid in schools, while at least three indirectly supported this work,

[2] AMHTA website: https://alaskamentalhealthtrust.org/wp-content/uploads/2022/09/BHinSchools-Phase2-FINALi.pdf

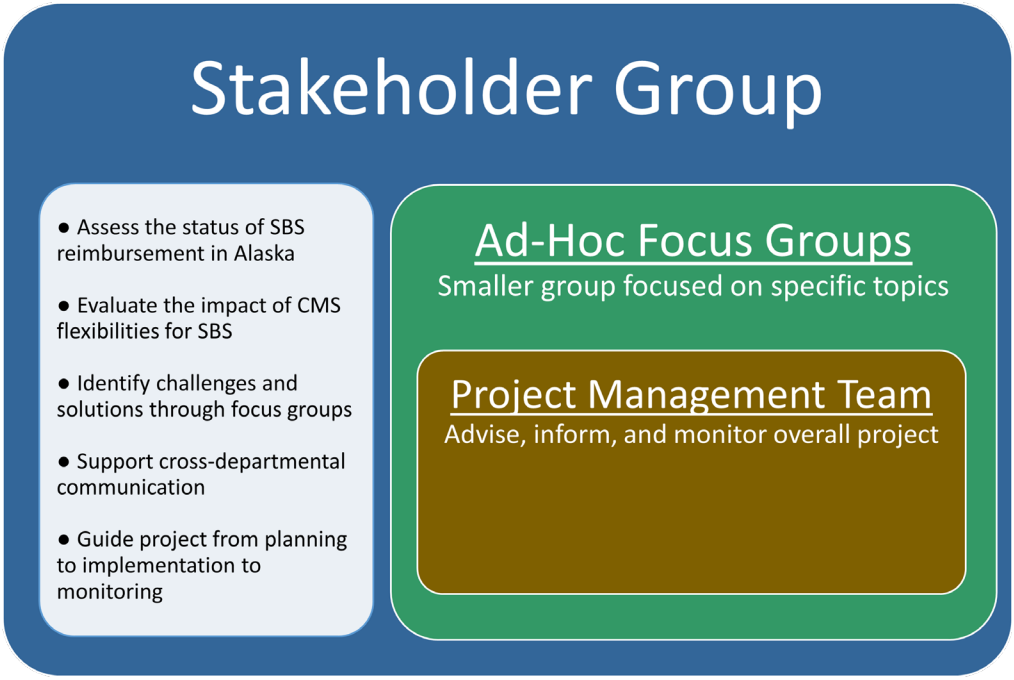
including efforts to increase awareness of existing resources, reduce administrative burden, and optimize utilization. Furthermore, several entities offered public comments specifically focused on SBS, which will be integrated into future focus groups and explored in the final Needs Assessment and Infrastructure Needs Assessment process.

Current Structure and Planned Process

In addition to this grant opportunity and the 2023 CMS flexibilities related to SBS, there is relevant legislation introduced in the Alaska Legislature this year that could have a broader impact on SBS beyond the scope of this grant. To prepare for these potential opportunities, DOH convened a group of partners and stakeholders to address expected SBS changes over the next three to five years. The objectives of engaging stakeholders and partners include assessing the current status of School-Based Services (SBS) in Alaska, evaluating the effects of flexibilities and new opportunities pertaining to SBS, identifying challenges and solutions through focus groups, establishing a cross-departmental communication channel, and strategizing for project phases from planning to implementation to monitoring.

Prior to the kickoff, DOH leadership held approximately 15 meetings related to SBS to generate broad participation, initiate an informal initial needs assessment, and ensure a diverse stakeholder group reflective of the unique needs of Alaskan schools in terms of size, location, and culture.

The graphic below illustrates the three types of groups that will inform SBS changes in Alaska and support the work of this grant award. The graphic also outlines their shared objectives, followed by an explanation of each group: the Stakeholder Group, Project Management Team, and Ad-Hoc Focus Groups.



The largest group, known as the **Stakeholder Group**, commenced on March 1, 2024, with approximately 50 participants attending. There will be a monthly cadence for future stakeholder meetings for the foreseeable future Led by the DOH, participants include the State Education Agency (SEA)—the Alaska Department of Education and Early Development (DEED); Local Education Agencies (LEAs)—school districts; individual school representatives; advocacy and community partners; tribal health representatives and Tribal Health Organizations (THOs); professional associations; and service providers.

The smallest group, called the **Project Management Team**, acts in an advisory capacity, focusing on providing input on the planning and implementation of the initial grant activities. This group will also continue to advise on necessary improvements to SBS beyond the grant's duration. Comprising members of the Monthly Stakeholder Meetings, this group will guide the structure and content pace of the Monthly Stakeholder and Ad-Hoc Focus Groups, detailed below.

As needed, **Ad-Hoc Focus Groups** will convene to address emerging issues, either through single meetings or short-term sprints dedicated to narrow topics with clearly defined outputs. The Project Management Team has proposed several content-specific groups to support required needs assessments upon receiving the grant award. These groups will focus on the following topics:

- Billing methodology/technology *(short term at beginning)*
    - Determine best billing methodology and processing of payment.
    - Determine optimal technology and inform infrastructure needs assessment.
- Advocacy group*(short term at beginning for grant, medium term for outreach later)*
    - Generate and distribute needs assessments for the grant.
    - Organize and analyze feedback from advocacy groups, school districts, parents, and providers.
    - Compile into a report for DOH and partners.
    - Track and support continued feedback from other agencies, districts, parents, and providers.
- Provider groups *(medium term, beginning to middle)*
    - Determine areas to increase utilization for school providers currently in use and future community providers to expand opportunities
    - Identify needs for behavioral health providers, which may not be the direct focus of these increased utilization efforts but will inform long-term strategic planning.
        1. This group could be split into three subgroups to focus on: behavioral health, nursing services, and community/school-based provider partnership.

- Consortium model exploration (tribal/rural) *(medium term)*
    - Engage rural and tribal school districts to identify billing systems pain points and create feedback for the needs assessments.
    - Create and implement models of possible consortiums and continue improvements and modifications.
- DEED/school districts/documentation: Education/outreach to staff and parents *(medium term)*
    - Improve shared documentation, shared parental consent forms, and streamlining recordkeeping.

These groups will be chaired by Project Management Team members and supported by the DOH's Commissioner's Office to generate, validate, and verify information for the Needs Assessment and Infrastructure Needs Assessment, including creating questions, feedback platforms, and timelines for assessment surveys to inform program development under the grant and assess impacts on utilization and outcomes.

Timeline for Milestone Events: Six-Months Post Award

Below is the high-level milestone plan to finalize the two required needs assessments within six months. The plan follows a straightforward continuous improvement process model, allowing stakeholders to provide input at various stages and then verify and validate the findings and subsequent plans. The Needs Assessment will be finished before the completion or launch of the Infrastructure Needs Assessment survey/evaluation design. It's important to note that stakeholders will remain engaged throughout the grant period, although this is not illustrated here.

6-Month Needs Assessments Implementation Plan

July - Verify & Plan

- Secure contractor support via state of Alaska procurement process
- Verify initial assessment findings with stakeholders
- Develop Survey/Evaluation System
  - Identify areas of interest to inform Needs Assessment question
  - Design collection methods: organize focus groups; pick platform; select date

August - Build

- Share Plan more widely & increase participation
- Create meeting collateral & finalize design assessment

September - Launch

- Launch Needs Assessment: hold meetings & ensure high level of participation
- Complete initial analysis & adjust as necessary
  - Determine what additional data is necessary to support Needs Assessment
  - Generate lessons learned is needed to improve Infrastructure Assessment
- Compile input into sharable format & validate with stakeholders

October - Follow-Up & Align

- Use lessons learned & report findings to develop Survey/Evaluation System
  - Identify areas of interest
  - Design Infrastructure Needs Assessment questions and collection methods
- Launch **Infrastructure** Needs Assessment: hold meetings & ensure participation
- Complete initial a**nalysis** & adjust as necessary
- Collect input to assess if/how findings drive changes to the SPA

November - Complete & Compile

- Compile all input into a sharable format & complete analysis
- Collaborate with stakeholders on recommendations
- Continue SPA alignment as necessary

December - Verify & Refine

- Refine plan to suggest solutions for implementation for final feedback
- Refine SPA change plans (if any) and propose implementation schedule

Section 2: Needs Assessment

Alaska Medicaid's school-based services (SBS) program supports the provision of essential healthcare services to students across the state by reimbursing for specific services provided to Medicaid-eligible children in the school setting. Despite the program's importance, only six out of fifty-four Alaska school districts currently participate in billing Medicaid for eligible school-based services. The Alaska Medicaid SBS program covers speech, occupational, and physical therapy, audiology, and nursing services related to medication administration for behavioral health. The Alaska Medicaid State Plan Amendments relevant to school-based services and utilization data for state fiscal years 2021-2023 are attached as appendices to this application (Appendices B, C, and E).

In accordance with state statute, Alaska Medicaid can currently only reimburse for these services if the student has a disability, and the services are included in a student's Individualized Education Program (IEP). Legislation, sponsored by Governor Dunleavy, is currently under consideration in the Alaska Legislature seeking to remove these statutory requirements and allow for schools to bill Medicaid for school-based services provided to any Medicaid-enrolled student, regardless of disability and if the child has an IEP.

The Alaska Department of Health (DOH) has partnered with the State Education Agency (the Alaska Department of Education and Early Development, or DEED), Local Education Agencies (LEAs), school representatives, and other key parties to establish an Alaska Medicaid SBS Project Management Team (PMT). The PMT engaged a broader group of stakeholders from across the state multiple times in both large group settings, and individually in more intimate focused settings, to elicit feedback related to the current landscape of school-based services and

identify program needs, areas for improvement, and barriers to inform the preliminary needs assessment.

Recurring themes from these meetings include:

1. Challenges with different software systems and practices used by schools to track student records, record and maintain Electronic Health Records to document medical services provided, maintain records of parental consent, and gather information to bill Medicaid. These include:

    Lack of Interoperability: The disparate software systems are often siloed and are not able to communicate or interface with each other, leading to difficulties in transferring student information and service documentation between systems.

    Data Discrepancies: Inconsistent data entry practices across systems can result in discrepancies in student records and service documentation, leading to errors in billing Medicaid.

    Duplication of Effort: Schools may need to duplicate efforts to enter student information and service documentation into multiple systems, increasing administrative burden and the likelihood of errors.

    Training and Familiarity: Staff may need to be trained on multiple software systems, which can be time-consuming and challenging, especially for new or substitute staff.

    Compliance with Medicaid Requirements: Ensuring that all required information is accurately documented and reported to Medicaid can be challenging when using different software systems with varying capabilities. This

also creates administrative burden for the State Medicaid Agency to combine and transfer all claims data and payment processing from the multiple sources.

Billing Errors: Inconsistent or inaccurate documentation across systems can result in billing errors, leading to delays in reimbursement or potential audit findings.

2. Lack of a coordinated Medicaid billing program between districts, or a centralized billing entity or consortium. Associated impacts include:

   Insufficient Staffing to Handle Medicaid Billing: Smaller or rural distracts typically do not have the personnel capacity to take on the additional time and effort required to bill Medicaid for services provided in schools.

   Duplication of Effort: Without coordination, districts may duplicate efforts in billing for Medicaid services, leading to inefficiencies and overall increased administrative burden.

   Missed Opportunities for Cost Savings: A lack of coordination can result in missed opportunities for cost savings through shared resources, joint training, and bulk purchasing of billing software or services.

   Limited Access to Expertise: Without a centralized entity, districts may lack access to expertise and training on Medicaid billing requirements, leading to errors and inefficiencies in the billing process.

3. Misalignment between services eligible for Medicaid coverage and scope of services provided in schools or the methods though which those services are provided. Associated challenges include:

Administrative Burden: Schools need to navigate complex billing requirements to seek reimbursement for services that are not fully aligned with Medicaid requirements (e.g., determining how to bill for an assessment that had to be completed over four 15-minute increments rather than in a one-hour block due to the student's educational needs), increasing administrative burden and potentially leading to errors in billing.

Limited Reimbursement: Because Medicaid does not cover certain services provided in schools or covers them at a lower rate, schools may not receive reimbursement for some of the services they provide, leading to financial challenges.

Service Gaps: Students may experience gaps in care or may not receive the full range of services they need to succeed academically and socially.

Compliance Concerns: Schools may struggle to ensure compliance with Medicaid requirements, leading to potential audit findings or other compliance issues.

4. Complex and manual billing systems and processes. Challenges include:

Complexity and Inefficiency: The SMA's school-based services billing system and processes are complex and inefficient, requiring manual data entry and multiple steps to submit claims, leading to delays and errors in billing.

Intergovernmental Transfer (IGT) based payments: Alaska utilizes an IGT-based payment structure wherein schools billing for services must provide the non-federal share of Medicaid expenditures via IGT after claims submission, and prior to claim adjudication. This payment structure requires schools to expend

funds up front with the expectation of recouping those funds and receiving federal matching funds once the claims are processed and approved to pay. This is manageable for larger districts but may serve as a deterrent to billing Medicaid for smaller districts.

With grant funding, DOH will pursue a final needs assessment within the first six months post-award that takes a regional focus to address disparities and concerns within specific school districts, and connections with the SMA. The final needs assessment will center on the priorities identified in the preliminary needs assessment, along with regional and departmental factors.

Section 3: Infrastructure Needs Assessment

Through collaborative stakeholder engagement and internal systems review and assessment, the State of Alaska Department of Health (DOH) has identified the following initial infrastructure barriers, and planned interventions to support the efficient and effective billing of school-based services in the Alaska Medicaid program.

1. Systems Integration

   Infrastructure Needs: Provide funding and support to schools and Local Education Agencies (LEAs) to implement integrated data management systems that can maintain student records, document services, and submit claims seamlessly.

   Barriers: Cost and complexity of integrating existing systems, as well as resistance to change from stakeholders.

   Planned Interventions: Leverage contracted support to scope feasibility of integrating existing systems or resourcing and implementing new systems. Through direct-to-district mini grants, invest in modern, interoperable software solutions; provide training to staff

on new systems; and establish clear protocols for data management and sharing. Provide support to districts statewide with standardizes parental consent forms that align with system or services updates.

2. Centralized Billing

Infrastructure Needs: Establish a centralized entity or consortium that can coordinate billing efforts, streamline processes, and provide expertise and support to schools and LEAs.

Barriers: Hesitancy to transition to a new system or pass responsibility to an external entity; challenges in coordinating efforts across multiple districts or agencies; and funding constraints.

Planned Interventions: Leverage contracted support to scope feasibility of consortium or centralized billing models; through direct-to-district mini grants, provide resources and technical assistance to support implementation; and establish clear guidelines and agreements among participating entities.

3. Enhanced Technical Assistance

Infrastructure Needs: Develop and implement universal training programs, resources, administrative documents, and support mechanisms to help schools improve their billing practices to capture the full scope of Medicaid-eligible services being delivered in schools today.

Barriers: Limited availability of resources and expertise, as well as difficulty in reaching schools in remote or underserved areas.

Planned Interventions: Leverage contracted support, including input from key stakeholders involved in service delivery to students, or documentation, claiming, and

billing processes within LEAs to develop comprehensive training materials, universal resources and administrative documents (e.g. parental consent forms and annual notification documents), webinars, and workshops on Medicaid billing requirements and provide consultation and support.

4. Evaluation of Billing Structure Options

   Infrastructure Needs: Update billing systems and processes to leverage the most appropriate and advantageous federal requirements for billing, claiming, and accounting for SBS medical and administrative costs; i.e., consider a transition from an Intergovernmental (IGT) based funding mechanism to a Certified Public Expenditure (CPE) based funding mechanism.

   Barriers: Resistance to change, lack of understanding of federal options and requirements, and the perception of increased administrative burden associated with transitioning from IGT based billing to CPE based billing.

   Planned Interventions: Leverage contracted support to evaluate options and provide impact studies and estimates specific to Alaska LEAs; through direct-to-district mini grants, provide resources and technical assistance to support implementation of any methodology changes.

5. Review of Covered State Plan Services

   Infrastructure Needs: Conduct comprehensive assessments of state plan services outlined in the Alaska School-Based Services Fee Schedule (Appendix D) to ensure alignment of eligible services codes with services currently performed in schools.

   Barriers: Limited resources for conducting assessments, as well as potential implication of changes (financial and otherwise) to covered services.

Planned Interventions: Leverage contracted support to review and assess covered services, engage stakeholders in the assessment process to identify gaps and areas for improvement, conduct an actuarial evaluation, and articulate potential changes to state plan services to better meet the needs of students.

The planned interventions detailed with this initial infrastructure needs assessment are directly responsive to the recurring themes that arose during DOH's foundational stakeholder engagement work. Because of Alaska's statutory limitations against providing Medicaid coverage for services provided outside of those outlined in a student's Individualized Education Program (IEP), DOH's efforts under this grant will primarily enable more effective and efficient billing of IDEA-required SBS services. However, if the state is successful in obtaining a statutory change, the planned interventions under this grant will provide immediate support and resources for LEAs billing for services outside of a student's IEP.

DOH has centered its planned interventions around activities that would not otherwise be eligible for federal matching funds. These interventions are designed to build foundational supports that will improve LEAs' capacity to gather and document information required for accurate billing in the short term, and to provide ongoing resources to sustain these efforts. The planned interventions also aim to enhance coordination between educational and non-educational agencies to streamline processes and improve efficiency in the school-based services program. With the support of grant funding, DOH plans to conduct a comprehensive infrastructure needs assessment within the first six months following the award. The assessments, resulting work efforts, and outcomes will always include DEED, other relevant departments or divisions, agencies, school districts, or other associations as appropriate. This assessment will expand upon

the initial evaluation, incorporating input from stakeholders to ensure a thorough understanding of infrastructure requirements.

Section 4: Sustainability

The State of Alaska Department of Health (DOH) is committed to ensuring the sustainability and effectiveness of any changes or enhancements to school-based services (SBS) program implemented through grant-funded efforts beyond the grant period. Generally, the initiatives will be initially supported by grant funds to facilitate infrastructure or technology changes. Subsequently, funding responsibility will be integrated into program funding. State Plan Amendments (SPAs) will be pursued as needed to secure ongoing funding for specific services, and updated Medicaid Administrative Claiming plans will be formulated (if necessary). DOH will also establish and implement a reinvestment strategy for federal financial participation related to SBS Medicaid claims towards Local Education Agencies (LEAs) and State Education Agencies (SEAs). Currently, school districts in Alaska receive between 50-65% Federal Financial Participation (FFP) for Medicaid reimbursement, a rate that is expected to either remain the same or improve with the implementation of grant-funded changes.

The following targeted strategies and approaches can sustain the initiatives funded through the grant and support the ongoing availability of Medicaid services in Alaska schools.

1. Systems Integration

   Sustainability Approach: Enhancements or upgrades to data management systems are expected to improve the accuracy and efficiency of billing for SBS, leading to increased Medicaid reimbursements to schools. Schools can use the increased flow of federal funding to offset future fees or expenses. As with current procedures, federal

reimbursement through the SBS billing system will be returned in full to LEAs, allowing them to maximize their federal match and its impact.

2. Centralized Billing

   Sustainability Approach: A centralized billing entity or consortium can be a self-sustaining model by seeking reimbursement for services provided schools and Local Education Agencies (LEAs) through fee collection or establishment of cost-sharing arrangements. Scoping of this initiative will include development of a workable payment structure for participating entities.

3. Enhanced Technical Assistance

   Sustainability Approach: Technical assistance materials and resources developed with the support of grant funding can be used by multiple LEAs over multiple years, with responsibility for making future updates transitioning to the State Medicaid Agency (SMA), making future efforts likely eligible for federal Medicaid administrative matching funds. This approach will ensure the long-term sustainability and effectiveness of the materials, ultimately improving the billing practices of LEAs and increasing access to Medicaid services for students.

4. Billing Structure Options

   Sustainability Approach: Any changes made to the Medicaid billing structure will be designed to maximize federal matching funds in an achievable manner for LEAs and the SMA. This may include leveraging new opportunities to seek federal Medicaid administrative match for the costs associated with implementing and maintaining the new billing structure. Any changes to the billing structure or process will be submitted to CMS for approval through the State Plan Amendment (SPA) process.

5. Review of Covered State Plan Services

   Sustainability Approach: The planned comprehensive assessment and actuarial evaluation of changes made to covered services included in the SBS program will assess the financial impact of the changes and ensure that they are cost-effective and sustainable in the long term. Any changes to the billing structure or process will be submitted to CMS for approval through the SPA process.

Long term service goals for the SBS program include:

Expand Reach: Increase the program's reach by increasing SBS billing to include more schools and students across Alaska, supporting access to Medicaid eligible services in schools for all eligible children.

Increase Sustainability: Diversify funding sources and leverage federal matching funds to increase the program's sustainability. This includes maximizing federal reimbursement rates through effective billing practices.

Enhance Efficiency: Streamline billing processes and improve coordination between educational and non-educational agencies to enhance the program's efficiency and reduce administrative burden on schools and LEAs.

Ensure Compliance: Maintain compliance with federal and state regulations related to Medicaid billing and service delivery, ensuring that the program operates within legal and ethical guidelines.

These long-term service goals align with the overarching objective of the grant to enable more effective and efficient billing of school-based services in the Alaska Medicaid program. They focus on expanding access to services and ensuring the program's long-term sustainability through strategic planning and collaboration.

Section 5: Technical Assistance Center Participation

Alaska Department of Health (DOH) and Department of Education & Early Development (DEED) staff participating in this initiative have actively engaged with the SBS Technical Assistance Center through webinars and other policy organization events (e.g., Healthy Students Promising Futures, National Association of Medicaid Directors, etc.) to inform the initial steps in this process. Currently, both departments access these resources, share information to ensure comprehensive coverage. Moving forward, the stakeholder group will also be directed towards these resources.

As Alaska explores the grant's potential uses, and the flexibilities outlined in the 2023 CMS guidance related to SBS, DOH plans on utilizing the Technical Assistance Center to ensure compliance and adherence to federal requirements, clarify timelines, and address any uncertainties from stakeholders or within the department. Given the allowance for varied billing methodologies and that Alaska is a Fee-for-Service state, the Technical Assistance Center will provide crucial guidance on potential changes to billing methods, implications for the state plan, and other related concerns.

Currently, Alaska has not implemented any policy changes based on the 2023 CMS guidance. However, DOH has thoroughly reviewed the guidance internally and in consultation with contracted policy consultants to explore potential ways to leverage the flexibilities outlined in the guidance to enhance Alaska's SBS system. These efforts have been instrumental in informing the state's grant application.

Section 6: Rural, Tribal, and Remote Areas

Many rural and remote communities in Alaska are isolated, with limited access to transportation and resources. These communities face significant challenges due to the state's vast and sparsely populated geography. Access to healthcare services is limited, with few healthcare facilities and providers available in these areas. In some communities a community health worker may be the sole health care provider available. Residents often face long travel distances (sometimes 500 miles or more) to access care, which can result in delays in receiving treatment and difficulties in accessing specialized services. Workforce shortages are common in these areas, particularly for healthcare providers, which further exacerbates lack of access. In terms of education, schools in rural and remote areas often struggle with limited resources and funding, as well as challenges in recruiting and retaining qualified teachers. Additionally, coordinating care between schools and healthcare providers can be challenging, particularly in areas where communication and transportation infrastructure are lacking.

In Alaska, some remote areas are often classified as frontier, a designation that goes beyond rural in terms of isolation and population density. These frontier areas are characterized by their extreme remoteness, with some communities only accessible by air, water, or seasonal roads. The population density in these areas is typically very low, often fewer than six people per square mile, making access to services such as healthcare, education, and infrastructure challenging. The frontier designation highlights the unique challenges faced by these communities, including limited access to healthcare, workforce shortages, and difficulties in accessing essential goods and services. In Alaska, the frontier designation is particularly relevant due to the state's vast size and rugged terrain, which contribute to the isolation and unique needs of its remote communities.

Tribal Health Organizations (THOs) play an important role in delivering healthcare to communities and schools in rural Alaska, often serving as the primary or only healthcare hub in these areas. Many THOs operate School-Based Health Centers (SBHCs), which are essential healthcare providers in communities with limited access to medical facilities. These centers often fill a gap created by limitations within the SBS Medicaid system that prevent schools from billing Medicaid for SBS services provided outside of a student's Individualized Education Plan (IEP).

In rural Alaska, schools and school infrastructure play a vital role in the community, serving as more than just educational institutions. In many villages, the school may be the only building with amenities like internet access or running water, making it a central hub for the community. Schools often serve as emergency shelters during harsh weather conditions and are a gathering place for community events and meetings. Additionally, schools provide essential services such as school meals, healthcare through school-based clinics, and access to mental health resources. The presence of a school in a rural community can significantly impact the quality of life for residents, providing vital resources and a sense of community.

Like many states with rural areas, Alaskan school districts face difficulties in recruiting and retaining highly qualified personnel to deliver specialized services. This includes teachers, administrators, support staff, and the necessary personnel to provide services eligible for coverage through the Medicaid school-based services (SBS) program, such as speech therapy, occupational therapy, and physical therapy. Additionally, only 16 out of the 54 school districts currently have access to school nurse services, and very few nursing services are eligible for Medicaid reimbursement through the SBS program. To address these challenges, many districts

heavily depend on telehealth services delivered by community or out-of-state providers to ensure students with receive necessary supports.

Delivering SBS in rural and remote areas of Alaska presents unique challenges compared to urban centers. Administrative challenges include difficulties in recruiting and retaining qualified staff, such as teachers, administrators, and healthcare providers, due to the remote nature of these communities. Limited access to professional development opportunities and the high cost of living in these areas further exacerbate these challenges. Access issues are also significant, with long travel distances and limited transportation options hindering students' ability to access SBS.

Despite these challenges, communities, and organizations in rural and remote areas of Alaska are resilient and resourceful, and committed to finding collaborative solutions to unique challenges.

Section 7: Data

The Alaska Medicaid program operates under a fee-for-service structure. Schools billing under the school-based services (SBS) component of the program must contribute the non-federal portion of Medicaid funding to draw down federal matching funds. Alaska's State Medicaid Agency (SMA) employs the Intergovernmental Transfer (IGT) process to secure the non-federal share of Medicaid funding for SBS from participating school districts.

Currently, the process for Medicaid SBS claiming involves several steps. Eligible services are limited to those specified in a Medicaid-enrolled student's Individualized Education Plan (IEP). Providers must document these services according to both the IEP goals and Medicaid SBS documentation requirements. However, these two sets of requirements are not

always aligned. Often, providers or administrative staff must manually transfer data from one documentation system used to track IEP progress and other student information to different documentation system or systems used to capture Medicaid-required information and to submit Medicaid claims.

Once a claim is prepared, the school or a third-party biller contracted by the school submits it to the SMA's Medicaid Management Information System (MMIS), which places the claim in a suspended status. The SMA then initiates the IGT process to obtain the non-federal share from LEA. This involves invoicing the LEA for their portion of the claims, typically half of the total. After the LEA pays the invoice, the suspended claims are processed, and the total approved amount (non-federal and federal share combined) is reimbursed to the LEA. This process is manual, time-consuming, and presents multiple opportunities for human errors and delays.

The proposed process improvements articulated in the initial infrastructure needs assessment will improve statewide tracking, documenting, and maintenance of Medicaid service data in several key ways:

1. By implementing integrated data management systems, schools and LEAs will be able to maintain student records, document services, and submit claims seamlessly. This integration will allow for more efficient tracking of Medicaid service data, as information will be entered once and accessible across relevant systems. This will reduce duplication of effort and the risk of data entry errors. Additionally, such a system could offer schools and the SMA the with streamlined options to access student data in accordance with FERPA and other legal standards.

2. Supporting a centralized entity or consortium for billing coordination will streamline billing processes. This centralization will improve tracking by providing a single point of contact for billing-related inquiries and support. It will also enhance documentation by ensuring that billing requirements are consistently applied across participating districts, thus reducing the likelihood of errors or omissions.
3. Developing universal training programs and resources will improve the ability of schools and LEAs to document services correctly. This training will ensure that staff are aware of and understand Medicaid billing requirements, leading to more accurate documentation and fewer billing errors.
4. Updating billing systems and processes to leverage the most appropriate federal requirements will lead to more accurate and efficient billing. By evaluating and potentially transitioning to a Certified Public Expenditure (CPE) based funding mechanism, the billing process can be streamlined, reducing administrative burden and improving tracking and documentation of services.
5. Aligning Medicaid SBS eligible service codes with services provided in schools will improve tracking and documentation by ensuring that all Medicaid-eligible services are properly identified and documented, leading to more accurate billing and reimbursement.

As stated in Section 2, utilization data is provided in Appendix E for reference. One school district that was previously participating in the Medicaid SBS program terminated their participation after 2021. In conversation with this district, it was noted that the time and effort to meet the requirements for the billing and reimbursement was not worth the time, staff, and money it required of the district. This grant funding is intended to improve implementation of

SBS Medicaid reimbursement in Alaska, and that more districts will find utilizing reimbursement is worth the effort with a more streamlined process.

Overall, these proposed process improvements will lead to more efficient and effective tracking, documenting, and maintenance of Medicaid service data. This will result in fewer billing errors, reduced administrative burden, and improved compliance with Medicaid requirements, ultimately benefiting both schools and students.

Section 8: Activities for Recipients Qualifying under the Implementation of SBS: Implementation

i. Increased Utilization Plan

Evaluating the success of planned interventions and collecting evidence showing enhanced utilization and participation of new and existing Local Education Agencies (LEAs) are crucial steps in improving the efficiency and effectiveness of the Alaska Medicaid program for school-based services (SBS). By evaluating the success of these interventions, the Alaska Department of Health (DOH) can assess if the implemented changes are achieving their intended goals and identify areas for improvement. This evaluation process also provides an opportunity to measure the impact of the interventions on student outcomes and overall program effectiveness.

To collect evidence showing enhanced utilization and participation of new and existing LEA programs within the Alaska SBS Medicaid program, DOH will implement a comprehensive plan including the following components:

Systems Integration

Evidence Collection/Evaluation: Collect data on the implementation of integrated data management systems in schools and LEAs. Monitor the number of LEAs or schools participating, any trainings provided, and impact on billing efficiency.

Encouraging Participation: Provide targeted technical assistance and resources to schools and LEAs to facilitate the implementation of data management systems. Highlight the benefits of streamlined systems for billing and service documentation. Leverage participants in the project stakeholder group to act as advocates and peer champions to encourage non-billing LEAs to participate. Improve on the ground, local outreach to districts through site-visits or other communication and education formats.

Centralized Billing

Evidence Collection/Evaluation: Track the establishment of centralized entities or consortia for billing coordination. Monitor the number of districts or schools participating and the impact on billing accuracy and timeliness.

Encouraging Participation: Offer coordination and start-up resources to support the establishment of centralized billing models. Provide training and support to ensure smooth transition and coordination among districts.

Enhanced Technical Assistance

Evidence Collection/Evaluation: Document the development and implementation of universal training programs and resources. Monitor the number of schools and LEAs receiving training, accessing materials, and implementing improvements in billing practices.

Encouraging Participation: Leverage existing resource centers for LEAs and schools to advertise and distribute comprehensive training materials, webinars, and workshops on

Medicaid billing requirements. Provide ongoing consultation and support to address barriers and improve billing practices. Provide opportunities for in-person or virtual live meetings to facilitate education and training in billing changes or efficiency improvements.

Evaluation of Billing Structure Options

Evidence Collection/Evaluation: Evaluate the financial and operational impacts of any billing system transitions or implementation of new processes. Monitor outcomes under any new billing structures to evaluate efficacy**.**

Encouraging Participation: Provide resources and technical assistance to support the transition to new billing methodologies. Highlight the potential benefits, such as increased federal matching funds, to incentivize participation.

Review of Covered State Plan Services

Evidence Collection/Evaluation: Conduct assessments of state plan services and document changes made to better align with services provided in schools. Monitor the impact of these changes on service utilization and billing.

Encouraging Participation: Engage stakeholders in the assessment process to ensure alignment with student needs. Provide guidance on changes to state plan services and their implications for billing and optimizing Medicaid reimbursement within LEAs.

As previously mentioned, only six out of fifty-four districts in Alaska currently seek Medicaid reimbursement for services provided to students with an Individualized Education Program (IEP). The implementation of school-based services in Alaska will be evaluated based on the following criteria (subject to modification):

Regional Participation: Currently, only three out of Alaska's five major regions (North, Southwest, Interior, Southcentral, and Southeast) have school districts that submit Medicaid SBS claims for reimbursement.

Based on the outcome of the needs assessments, a potential goal of the implementation path of this grant funding and larger project, could be for all five regions to have one or more school districts that will either begin or plan to begin to seek Medicaid SBS reimbursement for eligible students. As we move through the assessment, feedback, and implementation process, these goals will be identified and refined to best relflect actionable, SMART, goals for departments, providers, districts, and billers.

Stakeholder-Informed Utilization Targets: Through the final needs assessment process and project planning activities, DOH will develop stakeholder-informed utilization targets for each initiative supported by the grant. This will be accomplished by engaging with the Project Management Team, stakeholder focus groups, and the contracted consulting support. Based on this engagement, DOH will set realistic and achievable targets for increasing utilization, such as increasing the number of schools or LEAs participating in Medicaid billing, improving billing efficiency, or expanding the range of services billed. These targets will be specific, measurable, achievable, relevant, and time-bound (SMART), and should reflect the priorities and needs identified by stakeholders.

Evaluating the effectiveness of grant activities and gathering evidence of enhanced utilization and participation of LEAs are essential steps in improving the efficiency and impact of the Alaska Medicaid SBS program. These evaluations allow DOH to gauge the success of implemented changes, identify areas for improvement, and measure the impact on program

effectiveness. Additionally, collecting evidence of enhanced utilization and participation helps to demonstrate the value of the SBS Medicaid program, both to stakeholders and policymakers.

Through a comprehensive plan that includes systems integration, centralized billing, enhanced technical assistance, evaluation of billing structures, and review of covered services, DOH aims to leverage the grant funding to improve access, support students and schools, and implement changes to broaden participation and ensure the program's long-term success.

ii. Initial Planning Period Work Plan and Timeline

Application Submittal (March 2024)

- **Stakeholder Engagement:** Continue and finalize stakeholder engagement efforts to inform grant application and direction of implementation activities for funding use.

3-Months Post-Submittal (April-July 2024)

- **Develop Request for Proposal (RFP):** Finalize and issue RFP to establish contractual support for developing plans towards implementation activities for school-based services, based on the assumption of grant award**.**
- **Stakeholder Focus Group:** Establish clear goals and timeline for stakeholder focus groups to provide insights and recommendations for initial grant activities post-award.
- **Implement Improvements to Technology Systems:** Explore improvements to current technology systems related to school-based Medicaid billing.

6-Months Post-Submittal (July 2024 - January 2025) ***Assumption of Grant Award***

- **Contractor Engagement:** Identify and initiate collaboration with contractor for support after RFP issuance and bidding process.
- **Needs Assessments:** Prepare and submit final general needs and infrastructure needs assessments to CMS.
- **State Plan Amendments:** Prepare and submit State Plan Amendments (if required) to align with proposed legislation.
- **Education and Engagement:** Conduct educational sessions and engage with partners and stakeholders including school districts, families, and students about opportunities with school-based services (SBS).
- **Staff Training:** Utilize grant funding for DOH staff attendance at trainings and related educational opportunities for SBS.

- **Technology Systems Implementation:** Continue implementing improvements to current technology systems related to school-based Medicaid billing.
- **SMA Outreach:** Provide opportunities for SMA outreach to Alaskan school districts.

9-Months Post-Submittal (October-December 2024)

- **Evaluation of Methodologies:** Begin sequencing outcomes of evaluation and assessment methodologies into actionable implementation changes and reducing barriers.
- **Continued Education:** Continue educational efforts within communities and among staff members.
- **Subrecipient Mini-Grants:** Determine the method, application process, and subsequent granting of subrecipient mini-grants to school districts or consortiums with consultant support.
- **Technical Assistance Development:** Develop and test technical assistance to school districts that is user-friendly.

12-Months Post-Submittal (January-March 2025)

- **State Plan Amendments:** Review, develop, and, if necessary, submit State Plan Amendments to incorporate changes made to SBS reimbursement or added services.
- **Implementation Review:** Evaluate and adjust implementation strategies based on feedback and evaluation of the program's performance.
- **Continued Outreach:** Maintain ongoing education and outreach efforts for districts to foster implementation opportunities statewide.
- **Technical Assistance Refinement:** Refine and provide ongoing technical assistance to school districts, ensuring user-friendliness and effectiveness.

CHAPTER V

Health Care Services

The Division of Health Care Services (HCS) is responsible for the administration and management of the medical assistance programs authorized under federal Title XIX Medicaid, Title XXI Children's Health Insurance Program, the State Chronic and Acute Medical Assistance program, Health Facilities Licensing and Certification, and the Residential Licensing (RL) program. Organizational charts for DHSS Health Care Services are in Exhibit 1-3.

Statewide and Department-wide Administrative Costs

These costs are the DHCS share of indirect costs resulting from of the distribution of quarterly actual statewide and departmental administrative costs based on the approved cost allocation methodologies in Chapters III and IV. These costs are allocated to the division cost centers based on the number of FTEs in each cost center.

Allocation Method: FTE by organizational unit's cost centers

Fund Source: Multiple Federal and State Programs

Data Source: DOA HRM Data (State Payroll System)

Ref: DHCS-10

Division Director and Administrative Support

The Division Director and Administrative Support staff provide the management and leadership needed to ensure the efficient and effective operation of the division. The Director's office directs, supervises and coordinates the activities of the division in administering the medical assistance program. The director and division administrative staff also develop the division's annual budget, and approve legislative position papers, fiscal notes and briefing documents.

Allocation Method: FTE by organizational unit cost centers less the Director's office indirect FTEs

Fund Source: Multiple Federal and State Programs

Data Source: DOA HRM Data (State Payroll System)

Ref: DHCS-10A

V.1 Medical Assistance Administration

Description of Service Limitations

(4) School-Based Rehabilitative Services

School-based rehabilitative services are health-related services that:

1. address the physical or mental disabilities of a child,
2. are recommended by health care professionals, and
3. are identified in a child's Individual Education Plan (IEP) or Individual Family Service Plan (IFSP).

School-based services are delivered by providers operating within the scope of their practitioner's license and/or certification pursuant to State law and federal regulations, at 42 CFR 440.110, which specify the following qualifications for licensure:.

- Physical therapists must have graduated from a school of physical therapy approved by the Council on Medical Education and Hospitals of the American Medical Association, or the American Physical Therapy Association and pass the board exam.
- Occupational therapists must have successfully completed a curriculum approved by the Committee of Allied Health Education and Accreditation of the American Medical Association or the American Occupational Therapy Association and pass the board exam.
- Speech pathologists must possess a Certificate of Clinical Competence in speech-language pathology from the American Speech-Language-Hearing Association or have completed the equivalent educational requirements and work experience necessary for it or have completed the academic program and be currently acquiring the work experience to qualify.
- Audiologists must have a master's or doctorate in audiology from an accredited educational institution and also have EITHER a Certificate of Clinical Competence in Audiology from the ASHA, or is in the process of completing the year of supervised clinical experience required for the Certificate of Clinical Competence from ASHA..

A physician or other practitioner of the healing arts operating within the scope of their practice must prescribe physical and occupational therapy services. A physician or other practitioner of the healing arts operating within the scope of their practice must refer patients for speech, hearing, and language services provided by, or under the direction of, speech pathologists or audiologists.

School-based rehabilitative services include:

1. physical and occupational therapy evaluations, and treatments,
2. speech evaluations and therapy treatments, and
3. audiological services.
4. evaluation, screening and assessment components that identify a child's need for physical, occupational, speech –language-hearing therapies when the evaluations lead to the child receiving these services within their IEP.

Description of Service Limitations

School-Based Rehabilitative Services

The division will reimburse an enrolled school district for those procedures identified in the United States Department of Health and Human Services, Centers for Medicare and Medicaid's (CMS) Healthcare Common Procedure Coding System (HCPCS) 2003 that are provided as a rehabilitative service. Payment is made at 85% of the rate identified in the State's fee schedule for all providers of physical therapy, occupational therapy, speech-language therapy, and hearing services, whether school-based or community-based. The maximum allowable rates for all services are calculated using the Resource Based Relative Value Scale (RBRVS) methodology described in 42 CFR 414. The relative value units used are the most current version published in the Federal Register.

Description of Service Limitations

- With respect to women, evidence-informed preventive care and screenings are provided based on the contents of this section and the current Health Resources and Services Administration (HRSA) Women's Preventive Services guidelines; and
- Any qualifying coronavirus preventive service, which means an item, service, or immunization intended to prevent or mitigate coronavirus disease 2019 (COVID-19) and that is, for the individual involved –
  - An evidenced-based item or service with a rating of A or B in the current recommendations of the USPSTF; or
  - An immunization recommended by ACIP and adopted by the Director of the CDC.
- Medically necessary vaccines per ACIP guidelines noted at https://www.cdc.gov/vaccines/hcp/acip-recs/index.html are covered for Alaska Medicaid recipients if unavailable at no cost to the provider
- Vaccines related to international travel are not covered.

Pursuant to EPSDT, no limitations on services are imposed for individuals under 21 years of age if determined to be medically necessary and prior authorized by Alaska Medicaid.

13.d. **Rehabilitative behavioral health disorder services** covered by Medicaid under the state plan are limited to the services listed in this section. For purposes of this section, behavioral health disorders include both mental health and substance use disorders. Services in this section are provided in accordance with 42 CFR 440.130(d)

To be eligible to provide Medicaid behavioral health services covered by the state plan, a provider must be enrolled in Medicaid with the Medicaid agency and must be one of the following:

(1) **Community behavioral health services provider (CBHS)** - a provider approved by the Medicaid agency or its designee to provide behavioral health services;

A community behavioral health service provider agency must be an enrolled provider in good standing with the state and receiving reimbursement from the department; if providing behavioral health clinic services, must have a documented formal agreement with a physician to provide general direction and direct clinical services as needed; must collect and report the statistics, service data, and other information requested by the department; must participate in the department's service delivery planning; must maintain a clinical record for each recipient; must have policies and procedures in place; may not deny treatment to an otherwise eligible recipient due to the recipient's inability to pay for the service; may not supplant local funding available to pay for behavioral health services or programs with money received under a grant-in-aid program; must be dual diagnosis capable program or dual diagnosis enhanced program; must ensure that all recipients have given informed consent; must report to the department any recipient who is missing or deceased; must submit to the department a record of a criminal history background check for each member of the provider's staff upon request.

(2) **Mental health professional clinician** - an individual who is working for an enrolled community behavioral health services provider who has a master's degree or more advanced degree in psychology, counseling, child guidance, community mental health, marriage and family therapy, social (sentence *continued on the next page*)

work, or nursing and is performing community behavioral health services that are within that individual's field of expertise;

(3) **Licensed mental health professional** – an individual enrolled in Alaska Medicaid or working for a community behavioral health services provider, holding an active license to practice as a marital and family therapist, clinical social worker, professional counselor, or psychologist in good standing in the State of Alaska, and operating within their scope of practice;

(4) **Psychologist** – an individual enrolled in Alaska Medicaid, holding an active license in good standing to practice as a psychologist in the State of Alaska and operating within their scope of practice as defined by state law;

(5) **Licensed behavior analyst (L.B.A.)** – an individual working for a community behavioral health service provider, with an active license in good standing to practice in the State of Alaska, and operating within their scope of practice;

(6) **Behavioral health aide (B.H.A.)** – an individual working for a community behavioral health service provider with an active certification in good standing, as a Behavioral Health Practitioner, Behavioral Health Aide I, Behavioral Health Aide II, or Behavioral Health Aide III, issued by the Federal Community Health Aid Program Certification Board (CHAP-CB) established under 25 U.S.C. 1616*l*, working within the scope of the individual's authorized practice. BHAs are supervised by a mental health professional clinician when employed by a CBHS;

(7) **Substance use disorder counselor** – an individual working for a community behavioral health services provider, and holding any current, valid certificate from the National Association for Alcoholism and Drug Abuse Counselors, the International Certification and Reciprocity Consortium, the Alaska Commission for Behavioral Health Certification, or the Alaska Native Tribal Health Consortium Behavioral Health Aide Program, and operating under the supervision of a mental health professional clinician, licensed mental health professional, psychologist, physician, physician's assistant, or advanced practice registered nurse;

(8) **Behavioral health clinical associate** – an individual working for a community behavioral health services provider who may have less than a master's degree in psychology, social work, counseling, or a related field with specialization or experience in providing rehabilitation services to recipients with severe behavioral health conditions and operating under the supervision of a mental health professional clinician, licensed mental health professional, psychologist, physician, physician's assistant, or advanced practice registered nurse;

(9) **Physician** – a physician enrolled in Alaska Medicaid, holding an active license to practice in good standing in the State of Alaska, and operating within their scope of practice;

(10) **Physician's Assistant (P.A.)** – an individual enrolled in Alaska Medicaid, holding an active license to practice in good standing in the State of Alaska, and operating within the scope of their collaborative practice agreement;

(11)**Advanced practice registered nurse (A.P.R.N.)** – an individual enrolled in Alaska Medicaid, holding an active license to practice in good standing in the State of Alaska, who may or may not hold state-granted independent prescriptive authority. When APRNs do not have independent prescriptive authority in the state, the APRN operates within the scope of their collaborative practice agreement for the purposes of prescribing and dispensing legend drugs;

(12)**Licensed practical nurse (L.P.N.)** – an individual working for an eligible and enrolled behavioral health rehabilitation services provider, holding an active license to practice in good standing in the State of Alaska, operating within their scope of practice under the supervision of a licensed registered nurse, licensed advanced practice registered nurse, licensed physician, licensed physician's assistant, or licensed dentist; and

(13)**Certified nursing aide (C.N.A.)** – an individual working for an eligible and enrolled behavioral health rehabilitation services provider, holding a State of Alaska certification and operating within their scope of practice under the supervision of a licensed nurse.

The state assures that 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 receive Medicaid reimbursement regardless of the setting in which the service is furnished.

Pursuant to EPSDT, no limitations on services listed in this section are imposed for individuals under 21 years of age, if determined to be medically necessary and prior authorized by Alaska Medicaid.

(1) **Screening Services** used to determine whether a Medicaid-eligible individual may need behavioral health intervention or treatment are covered by Medicaid. The types of screenings eligible for reimbursement by the Medicaid agency or its designee include.

(a). **Behavioral Health Screening Services** include the use of an evidence-based tool. This behavioral health screening is used with a recipient before an intake assessment for diagnosis and treatment is conducted.

Provider Qualifications: Behavioral health screenings may be conducted by a community behavioral health services provider and any other providers eligible to bill Medicaid for services and who perform screening services as a regular duty within the scope of their knowledge, experience, and education.

Service Limitations: Behavioral health screenings may be provided to a recipient without prior authorization by the Medicaid agency or its designee and are limited to one screening per program admission for new or returning recipients. This limit may be exceeded with prior authorization based on medical necessity. The provider must include the results of the screening in the recipient's clinical record, including any action taken or recommended based on the recipient's responses.

(b). **Screening and Brief Intervention Services** consists of a nonmandatory screening through self-report questionnaires, structured interviews, or similar screening techniques to detect substance use problems and to identify the appropriate level of intervention. If the screening is positive for substance use problems, the provider may provide brief intervention services that involve motivational discussion focused on raising the recipient's awareness of their substance use, the potentially harmful effects of that substance use, and encouraging positive change. Brief intervention services may include provider feedback, goal setting, coping strategies, identification of risk factors, information, and advice. If a screening shows a recipient is at a severe risk of substance use problems, is already substance dependent, or has received brief intervention or treatment for substance use and was non-responsive, the recipient should receive a referral to a program that meets his or her needs.

Provider Qualifications: A community behavioral health services provider, mental health professional clinician, licensed mental health professional, psychologist, licensed behavior analyst, substance use disorder counselor, behavioral health clinical associate, physician, physician's assistant, advanced practice registered nurse, licensed practical nurse, certified nursing aide, or certified behavioral health aide working within their scope of training and operating under the supervision of a mental health professional clinician and enrolled with Alaska Medicaid.

Service Limitations: Screening and brief intervention services may be provided to a recipient without prior authorization by the Medicaid agency or designees.

(c). **Intake Assessments:** used to determine whether a Medicaid-eligible individual has a diagnosable behavioral health disorder and is covered by Medicaid.

Provider Qualifications: As further described below, the provider types eligible to provide intake assessments include mental health professional clinicians, licensed physicians, licensed physician assistants, and licensed and certified advanced nurse practitioners who are operating and working within the scope of their professional education, training, and experience in accordance with state law. The types of professional behavioral health intake assessments allowable by the Medicaid agency or its designee include the following –

(i) **Mental Health Intake Assessment:** This assessment is used to determine and document the recipient's mental status and social and medical history, the nature and severity of any identified mental health disorder, a diagnosis consistent with the Diagnostic and Statistical Manual of Mental Disorders, International Classification of Diseases, or Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition (DC:0-3R), treatment recommendations that form the basis of a subsequent behavioral health treatment plan, and functional impairment. The mental health intake assessment is conducted upon admission to services and updated during the

course of active treatment, as necessary. A mental health intake assessment must be documented in the recipient's clinical record in accordance with state law.

Additional Provider Qualifications: If the mental health intake assessment is performed by a community behavioral health services provider, the assessment must be conducted in accordance with the specific requirements for community behavioral health services providers in state law.

Service Limitations: A qualified provider may furnish one mental health intake assessment in combination with a substance use intake assessment for an individual not currently receiving services based on a behavioral health treatment plan without prior authorization from the Medicaid agency or its designee if the assessment consists of face-to-face session(s) and a review of collateral information regarding the individual's condition. When based on a current behavioral health treatment plan, provision of this service is limited to one assessment every six months without prior authorization.

(ii) **Substance Use Intake Assessment:** This assessment is used to determine and document whether a Medicaid-eligible individual has a substance use disorder and functional impairment, the nature and severity of any identified substance use disorder, the correct diagnosis, treatment recommendations for the behavioral health treatment plan, and new information as it becomes available. These intake assessments are conducted upon admission to services and during active treatment as necessary and completed in accordance with state law. A substance use intake assessment must be documented in the recipient's clinical record in accordance with state law.

Additional Provider Qualifications: Substance use intake assessments must be rendered by a substance use disorder counselor, a behavioral health clinical associate, or other provider types in 13.d. of this section acting within the scope of their individual training, experience, and assigned job duties. A community behavioral health services provider may provide an assessment under this section if the service was rendered by an authorized provider and in accordance with state law.

Service limitations: A qualified provider may furnish one substance use intake assessment in combination with a mental health intake assessment for an individual not currently receiving services based on a behavioral health treatment plan without prior authorization from the Medicaid agency or its designee if the assessment consists of face-to-face session(s) and a review of collateral information regarding the individual's condition. When based on a current behavioral health treatment plan, an individual is limited to one assessment every six months without prior authorization.

(iii) **Integrated Mental Health and Substance Use Intake Assessment:** This assessment is used to determine and document whether a Medicaid-eligible individual has a mental health and/or substance use disorder(s) and any related functional impairments. The integrated intake assessment must meet the requirements for both the mental health and substance use intake assessments established by Alaska Medicaid or its designee and be updated by the provider as new information becomes available. An integrated intake assessment must be documented in the recipient's clinical record in accordance with state law.

Additional Provider Qualifications: If the mental health intake assessment performed by a community behavioral health services provider, the assessment must be conducted in accordance with the specific requirements for community behavioral health services providers in state law.

Service Limitations: A qualified provider may furnish one integrated intake assessment for an individual not currently receiving services based on a behavioral health treatment plan without prior authorization from the Medicaid agency or its designee if the assessment consists of face-to-face session(s) and a review of collateral information regarding the individual's condition. When based on a current behavioral health treatment plan, an individual is limited to one integrated intake assessment every six months without prior authorization.

(d). Behavioral Health Services are allowable within limitations as the rehabilitative services described in this section. Behavioral health rehabilitative services are provided to Medicaid-eligible recipients to remediate and ameliorate debilitating effects of substance use and mental health disorders for the maximum reduction of each disabling condition. These services help the recipient develop appropriate skills to improve overall functioning with the goal of maximum restoration.

Rehabilitative services for behavioral health disorders listed in this section provided to Medicaid-eligible individuals who reside in institutions for mental diseases (IMDs), nursing facilities, and/or acute care facilities are not eligible under the state plan.

Service Limitations: The following services are available for children under 21 years of age with an appropriate diagnosis resulting from an EPSDT screen or assessment. Pursuant to EPSDT, no limitations on services are imposed for individuals under 21 years of age if determined to be medically necessary and prior authorized by Alaska Medicaid. Services may be provided to seriously mentally ill and severely emotionally disturbed adults.

(i) **Therapy and Treatment** includes treatment, therapeutic interventions, and rehabilitative services designed to alleviate behavioral health disorders (mental, emotional and/or substance abuse related) and encourage growth and development while helping to prevent relapse of such conditions, including coaching and teaching life skills to restore functioning and support community

living and counseling focused on functional improvement, recovery, and relapse prevention. Also includes counseling and other therapeutic activities related to medication-assisted treatment for substance use disorders and the planning, delivery, and monitoring of a dynamic set of services that target specific behaviors identified in the assessment and treatment plan designed to improve functioning and enhance quality of life. Services are designed to improve the functioning level of the recipient through supporting or strengthening the behavioral, emotional, or intellectual skills necessary to live, learn, or work in the community. Services include:

Therapeutic behavioral services – include the restoration of knowledge, attitudinal, and skills-based competencies designed to restore the recipients functioning and support community living; counseling focused on functional improvement, recovery, and relapse prevention; encouraging and coaching.

(ii) **Medical Services** related to the treatment of behavioral health disorders are covered by Alaska Medicaid, including intake physicals or medical evaluation, medical decision counseling, and the management of medication, including narcotics, if provided according to the recipient's treatment plan and in accordance with the limitations provided under state law.

Provider Qualifications: Medical services are provided by medical personnel acting within the scope of their license for Medicaid recipients who are found in a treatment plan to need medical services while receiving behavioral health disorder services. Service providers include physicians, physician assistants, nurse practitioners, registered nurses, licensed practical nurses, and certified nursing aides.

(iii) **Medication Administration Services – SUD – i**nclude oral or injectable medications administered by medical personnel to a Medicaid-eligible recipient with an SUD assessment and documentation of medication compliance, and assessment and documentation of medication effectiveness and any side effects. Medication and administration services may be rendered by medical personnel to a recipient on the premises of a community behavioral health services provider or offsite at the recipient's home, school, or any other appropriate community setting.

Provider Qualifications: Medical personnel qualified to provide medication administration services include licensed physicians, physician assistants, advanced practice registered nurses, registered nurses supervised by a physician or an advanced practice registered nurse, or licensed practical nurses supervised by a physician or an advanced practice registered nurse.

(iv) **Pharmacological Management Services – SUD – a**re a type of medical service furnished to a Medicaid-eligible recipient with an SUD for the purposes of assessing the need for pharmacotherapy, prescribing appropriate medications,

School-Based Services

Effective 7/1/2021 - 6/30/2022

* Requires Medical Justification

CPT Code/ Modifier	Code Description	PT	OT	BH	SP	Audiology	Nursing BH	IEP	Base Rate
29105	APPLY LONG ARM SPLINT	X	X						$95.10
29125	APPLY FOREARM SPLINT	X	X						$73.73
29126	APPLY FOREARM SPLINT	X	X						$87.49
29130	APPLICATION OF FINGER SPLINT	X	X						$48.55
29131	APPLICATION OF FINGER SPLINT	X	X						$60.85
29260	STRAPPING OF ELBOW OR WRIST	X	X						$36.32
29280	STRAPPING OF HAND OR FINGER	X	X						$35.59
92507	SPEECH/HEARING THERAPY				X	X			$97.14
92508	SPEECH/HEARING THERAPY				X	X			$29.13
92521	EVALUATION OF SPEECH FLUENCY				X	X			$169.52
92522	EVALUATE SPEECH PRODUCTION				X	X			$142.01
92523	SPEECH SOUND LANG COMPREHEN				X	X			$291.40
92524	BEHAVRAL QUALIT ANALYS VOICE				X	X			$139.61
92526	ORAL FUNCTION THERAPY		X		X				$106.40
92551	PURE TONE HEARING TEST AIR				X	X			$12.24
92552	PURE TONE AUDIOMETRY AIR					X			$34.14
92553	AUDIOMETRY AIR & BONE					X			$41.81
92555	SPEECH THRESHOLD AUDIOMETRY					X			$26.11
92556	SPEECH AUDIOMETRY COMPLETE					X			$41.44
92557	COMPREHENSIVE HEARING TEST					X			$47.70
92567	TYMPANOMETRY					X			$19.85
92568	ACOUSTIC REFLEX TESTING					X			$19.71
92575	SENSORINEURAL ACUITY TEST					X			$72.30
92576	SYNTHETIC SENTENCE TEST					X			$39.98
92577	STENGER TEST SPEECH					X			$15.89
92579	VISUAL AUDIOMETRY (VRA)					X			$58.07
92582	CONDITIONING PLAY AUDIOMETRY					X			$79.60
92583	SELECT PICTURE AUDIOMETRY					X			$53.48

Note 1: Refer to the Alaska Medicaid DMEPOS Fee Schedule.

Reimbursement may vary slightly from published rates as a result of rounding. RBRVS-based rates are rounded to the nearest cent following adjustments for multiple units and cutbacks.

Coverage and rates are subject to change.

Effective 7/1/2021 - 6/30/2022

* Requires Medical Justification

CPT Code/ Modifier	Code Description	PT	OT	BH	SP	Audiology	Nursing BH	IEP	Base Rate
92597	ORAL SPEECH DEVICE EVAL				X	X			$90.80
92601	COCHLEAR IMPLT F/UP EXAM <7 YRS				X	X			$205.30
92602	REPROGRAM COCHLEAR IMPLT <7 YRS				X	X			$128.53
92603	COCHLEAR IMPLT F/UP EXAM >7 YRS				X	X			$192.27
92604	REPROGRAM COCHLEAR IMPLT >7 YRS				X	X			$115.13
92605	EX FOR NONSPEECH DEVICE RX				X	X			$119.52
92606	NON-SPEECH DEVICE SERVICE				X	X			$104.37
92607	EX FOR SPEECH DEVICE RX 1HR				X	X			$155.66
92608	EX FOR SPEECH DEVICE RX ADDL				X	X			$61.72
92609	USE OF SPEECH DEVICE SERVICE				X	X			$129.56
92610	EVALUATE SWALLOWING FUNCTION		X		X	X			$105.90
92650	AEP SCR AUDITORY POTENTIAL					X			$33.08
92651	AEP HEARING STATUS DETER I&R					X			$107.27
92652	AEP THRSHLD EST MLT FREQ I&R					X			$142.41
92653	AEP NEURODIAGNOSTIC I&R					X			$103.88
95851	RANGE OF MOTION MEASUREMENTS	X	X						$25.92
96105	ASSESSMENT OF APHASIA			X					$126.38
96110	DEVELOPMENTAL SCREEN W/SCORE	X	X	X	X				$10.42
96112	DEVEL TST PHYS/QHP 1ST HR	X	X	X	X				$167.21
96113	DEVEL TST PHYS/QHP EA ADDL	X	X	X	X				$74.96
96127	BRIEF EMOTIONAL/BEHAV ASSMT			X					$4.94
96130	PSYCL TST EVAL PHYS/QHP 1ST			X					$156.39
96131	PSYCL TST EVAL PHYS/QHP EA			X					$118.58
96132	NRPSYC TST EVAL PHYS/QHP 1ST			X					$169.69
96133	NRPSYC TST EVAL PHYS/QHP EA			X					$132.21
96136	PSYCL/NRPSYC TST PHY/QHP 1ST			X					$55.11
96137	PSYCL/NRPSYC TST PHY/QHP EA			X					$49.20
96146	PSYCL/NRPSYC TST AUTO RESULT			X					$2.03
96156	HLTH BHV ASSMT/REASSESSMENT			X					$126.53
96158	HLTH BHV IVNTJ INDIV 1ST 30			X					$86.97

Note 1: Refer to the Alaska Medicaid DMEPOS Fee Schedule.

Reimbursement may vary slightly from published rates as a result of rounding. RBRVS-based rates are rounded to the nearest cent following adjustments for multiple units and cutbacks.

Coverage and rates are subject to change.

Effective 7/1/2021 - 6/30/2022

* Requires Medical Justification

CPT Code/ Modifier	Code Description	PT	OT	BH	SP	Audiology	Nursing BH	IEP	Base Rate
96159	HLTH BHV IVNTJ INDIV EA ADDL			X					$29.99
96160	PT-FOCUSED HLTH RISK ASSMT			X					$2.92
96167	HLTH BHV IVNTJ FAM 1ST 30			X					$92.96
96168	HLTH BHV IVNTJ FAM EA ADDL			X					$33.17
97010	HOT OR COLD PACKS THERAPY	X	X						$7.15
97012	MECHANICAL TRACTION THERAPY	X							$18.65
97014	ELECTRIC STIMULATION THERAPY	X	X						$16.31
97016	VASOPNEUMATIC DEVICE THERAPY	X							$14.85
97018	PARAFFIN BATH THERAPY	X	X						$6.79
97022	WHIRLPOOL THERAPY	X							$20.93
97024	DIATHERMY EG MICROWAVE	X							$8.25
97026	INFRARED THERAPY	X							$7.52
97028	ULTRAVIOLET THERAPY	X							$9.59
97032	ELECTRICAL STIMULATION	X	X						$18.65
97033	ELECTRIC CURRENT THERAPY	X							$24.61
97034	CONTRAST BATH THERAPY	X	X						$18.15
97035	ULTRASOUND THERAPY	X							$17.78
97036	HYDROTHERAPY	X							$40.19
97110	THERAPEUTIC EXERCISES	X	X						$37.03
97112	NEUROMUSCULAR REEDUCATION	X	X						$42.77
97113	AQUATIC THERAPY/EXERCISES	X	X						$45.80
97116	GAIT TRAINING THERAPY	X							$37.03
97124	MASSAGE THERAPY	X	X						$35.22
97129	THER IVNTJ 1ST 15 MIN	X	X		X				$30.36
97130	THER IVNTJ EA ADDL 15 MIN	X	X		X				$29.38
97140	MANUAL THERAPY 1/> REGIONS	X	X						$34.23
97150	GROUP THERAPEUTIC PROCEDURES	X	X						$22.43
97161	PT EVAL LOW COMPLEX 20 MIN	X							$124.95
97162	PT EVAL MOD COMPLEX 30 MIN	X							$124.95
97163	PT EVAL HIGH COMPLEX 45 MIN	X							$124.95

Note 1: Refer to the Alaska Medicaid DMEPOS Fee Schedule.

Reimbursement may vary slightly from published rates as a result of rounding. RBRVS-based rates are rounded to the nearest cent following adjustments for multiple units and cutbacks.

Coverage and rates are subject to change.

Effective 7/1/2021 - 6/30/2022

* Requires Medical Justification

CPT Code/ Modifier	Code Description	PT	OT	BH	SP	Audiology	Nursing BH	IEP	Base Rate
97164	PT RE-EVAL EST PLAN CARE	X							$84.31
97165	OT EVAL LOW COMPLEX 30 MIN		X						$121.67
97166	OT EVAL MOD COMPLEX 45 MIN		X						$121.67
97167	OT EVAL HIGH COMPLEX 60 MIN		X						$121.67
97168	OT RE-EVAL EST PLAN CARE		X						$81.02
97530	THERAPEUTIC ACTIVITIES	X	X						$46.40
97533	SENSORY INTEGRATION	X	X		X	X			$69.16
97535	SELF CARE MNGMENT TRAINING	X	X						$40.68
97537	COMMUNITY/WORK REINTEGRATION	X	X		X				$39.60
97542	WHEELCHAIR MNGMENT TRAINING	X	X						$39.96
97750	PHYSICAL PERFORMANCE TEST	X	X						$41.41
A4565	SLINGS	X							See Note 1
A4570	SPLINT	X							See Note 1
H0023	ALCOHOL AND/OR DRUG OUTREACH			X					$30.00
H0033	ORAL MEDICATION ADMN						X		$68.51
H0034	MEDICATION TRAINING & SUPPORT						X		$20.00
H0038	SELF-HELP/PEER SVC PER 15 MIN			X					$21.76
H2011	CRISIS INTERVEN SVC, 15 MIN			X					$25.30
H2027	PSYCHOED SVC, PER 15 MIN			X					$15.00
H2033	MULTISYS THER/JUVENILE 15MIN			X					$7.50
T1023	PROGRAM INTAKE ASSESSMENT							X	$41.95
T1024	TEAM EVALUATION & MANAGEMENT							X	$122.40
T1027	FAMILY TRAINING & COUNSELING			X					$11.25
V5362	SPEECH SCREENING				X				$40.00
V5363	LANGUAGE SCREENING				X				$60.00
V5364	DYSPHAGIA SCREENING				X				$90.00

Note 1: Refer to the Alaska Medicaid DMEPOS Fee Schedule.

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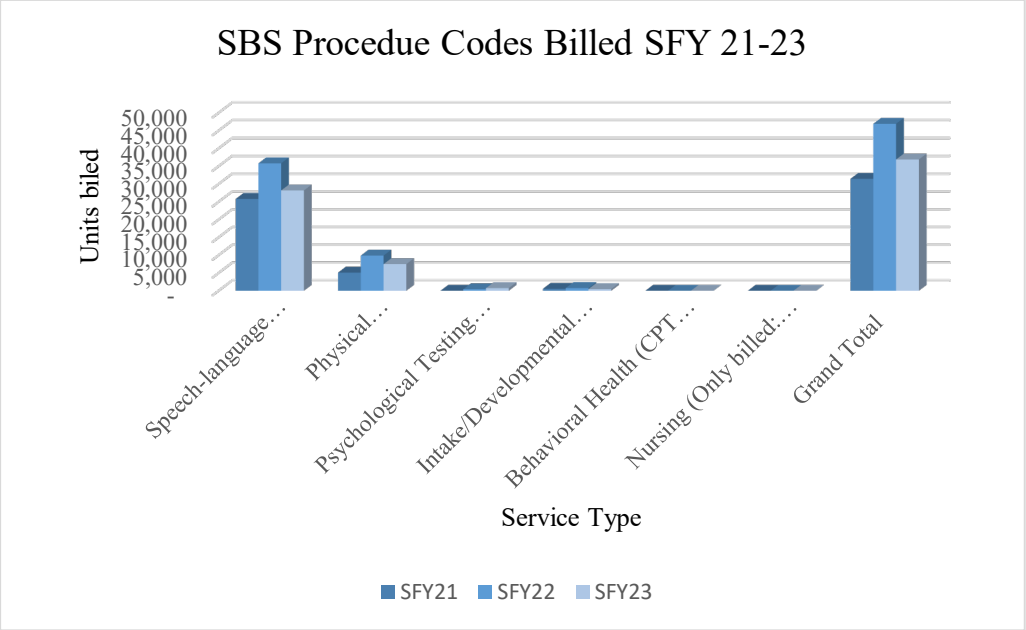
Coverage and rates are subject to change.

Procedure Type	SFY21	SFY22	SFY23
Speech-language Therapy/Audiology	25,802	35,816	28,191
Physical Therapy/Occupational Therapy	5,110	9,885	7,491
Psychological Testing & Evaluation	3	444	740
Intake/Developmental Testing/Team Evaluation & Management	546	756	463
Behavioral Health (CPT 96127 Brief Emotional/Behvioral Assessment)	-	14	4
Nursing (Only billed: Apply Long Arm Splint)	-	-	1
Grand Total	**31,461**	**46,915**	**36,890**



Unique member count by date of service	SFY21	SFY22	SFY23
Anchorage School District	100	1107	0
Matanuska-Susitna School District	649	788	747
Fairbanks School District	377	392	0
Juneau School District	56	152	87
Ketchikan School District	72	56	0
Delta-Greely School District	5	0	0
Grand Total	1259	2495	834