

Department of Health

DIVISION OF BEHAVIORAL HEALTH
Director's Office

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April 28, 2023

State of Alaska Department of Health Division of Behavioral Health 3601 C Street Anchorage, Alaska 99503

SUBJECT: Minimal Data Set Data Entry into AKAIMS Temporary Reduction

The Division of Behavioral Health (the Division) will extend the utilization of One Encounter Note Per Client, Per Program Enrollment, Per Month in the Minimal Data Set (MDS) for organizations that use AKAIMS to meet the MDS requirements through the end of State Fiscal Year 2024, ending 6/30/2024. Division Program Managers with oversight of Agencies retain the authority to request all notes for their programs should they need it for additional oversight, such as a review of cost per client in a grant funded program. Organizations are welcome to enter more than the minimum number of encounter notes into AKAIMS to take advantage of some of the reports in the Report Manager for organization QA purposes.

Excluded from the limited encounter entry described above are agencies that submit data via HIE to the Reporting Database from their own Electronic Health Record System. HIE submissions are expected to include all encounter notes in keeping with the long-term goal of the Division to return to full data capture in future. Also excluded are Therapeutic Court System clients, as full encounter data submission is required to fulfill oversight obligations for all participants.

This decision comes at an increasingly heavy data detriment to the Division. Identifying service gaps and how grant funds support the continuum of care across the state is a critical dataset for the Alaska Legislature and Department of Health. Describing individuals served by Agencies who do not qualify for Medicaid, capturing programs that offer services that do not connect with billable procedures, and understanding organization reliance on grant funding over Medicaid billing revenue are all metrics that are negatively impacted with a reduced encounter note requirement. This creates blind spots to effectively evaluate how the Division can best meet the needs of the population. For these reasons and others, the reduced encounter note requirement must be a temporary allowance.

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With the extended limited encounter note flexibilities, the Division will focus efforts this year towards enforcing Agency entry of all required client records and components of the record into AKAIMS or the Reporting Database. The Division will renew the expectation for Agencies to run the AKAIMS Quarterly Report. If the MDS information is submitted via HIE to Reporting Database, the agency will run the Reporting Database Quarterly Report (currently in development). In either scenario, the agency is expected to reconcile the client count from said report with their own records for all populations on which the agency is expected to report to the Division. The Division will also emphasize adherence to the annual requirement for client Mental Health Updates in Life Domains. Life Domain updates are a critical component of the SAMHSA inclusion criteria for the annual client count. Incomplete submission in recent years have contributed to a noted decline in population served metrics, which may have direct implications on future federal block grant funding awarded to the Division. As an example, below are the SAMHSA generated tables summarizing Substance Use Disorder TEDS record submission; please note these counts demonstrate a statewide decline of clients served since 2019.

Admission

| Year | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total |
|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| 2019 | 710 | 613 | 684 | 723 | 736 | 661 | 843 | 699 | 727 | 785 | 641 | 692 | 8514 |
| 2020 | 696 | 671 | 672 | 590 | 605 | 733 | 664 | 659 | 605 | 652 | 506 | 576 | 7629 |
| 2021 | 643 | 639 | 667 | 662 | 560 | 542 | 470 | 568 | 525 | 504 | 516 | 492 | 6788 |
| 2022 | 456 | 480 | 642 | 538 | 499 | 392 | 411 | 479 | 491 | 417 | 490 | 387 | 5682 |
| 2023 | 175 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 175 |

Discharge

| Year | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total |
|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| 2019 | 683 | 640 | 656 | 699 | 747 | 739 | 711 | 652 | 616 | 665 | 546 | 683 | 8037 |
| 2020 | 618 | 586 | 648 | 553 | 547 | 647 | 665 | 535 | 552 | 527 | 459 | 506 | 6843 |
| 2021 | 566 | 484 | 654 | 555 | 513 | 509 | 447 | 459 | 379 | 384 | 401 | 460 | 5811 |
| 2022 | 393 | 378 | 500 | 458 | 451 | 400 | 394 | 400 | 386 | 358 | 404 | 339 | 4861 |
| 2023 | 131 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 131 |

To assist our Agencies and Division Program Managers, the AKAIMS team is developing a new report, "Mental Health Update, Due and Overdue" in the Report Manager to identify client records that need an update. While this report is presently in development, it will be available before the start of SFY24. It will be prudent for agencies to run the report at the start of the

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quarter so updates can be entered during the quarter. Following SFY24 first quarter end (Reporting submitted in October 2023), Program Managers are expected to review Mental Health Updates needed for their Agency programs and determine where corrective action is warranted to address excessive delinquency. If your organization is not certain how to enter a Mental Health Update, or would like to coordinate refresher training, please reach out to the AKAIMS support desk doh.dbh.akaims.support@alaska.gov.

The Division of Behavioral Health recognizes the challenges of unwinding the flexibilities established during the Public Health Emergency. For this reason, the extension for limited encounter note entry was granted through SFY24. With the new fiscal year ahead, Division attentions will focus on capturing an accurate client count to represent the work performed by Agencies to support vulnerable Alaskans across the state. This information is critical in demonstrating the ongoing need for grant funds from SAMHSA that support Agency treatment efforts and address, in part, identified gaps in the Continuum of Care.

Sincerely,

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