THE STATE of ALASKA

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The Department of Health (the department) wishes to express appreciation for the time and attention tribal health organizations spent reviewing and drafting thoughtful and constructive comments for consideration on the proposed state plan amendment (SPA) temporarily extending Medicaid state plan behavioral health prior/service authorizations for one year after the end of the COVID-19 Public Health Emergency.

The following information represents a record of tribal comments (verbatim but not inclusive of all tribal supporting information) and state responses. The department received comments from the following entities and notes the sources of each comment in the document below: Alaska Native Health Board (ANHB), Alaska Native Tribal Health Consortium (ANTHC), Norton Sound Health Consortium (NHSC), Copper River Native Association (CRNA), Ketchikan Indian Community (KIC), Cook Inlet Tribal Council (CITC), Tanana Chiefs Conference (TCC), Southcentral Foundation (SCF), Aleutian Pribilof Islands Association (APIA), and Kenaitze Indian Tribe (KIT).

Tribal Comment #1 – ANHB, ANTHC, NSHC, CRNA, and KIC

ANHB, ANTHC, SNHC, CRNA, and KIC write to provide comment on the proposed temporary Medicaid state plan amendment (SPA) to suspend prior (PA) and service authorizations (SA) for behavioral health state plan services. We welcome and are supportive of the proposed temporary SPA to suspend PAs and SAs for behavioral health services. This would continue a flexibility the State utilized during the COVID-19 pandemic under an 1135 Waiver authority.

Department Response

The department appreciates the support and ongoing partnership with the tribal health organizations.

Tribal Comment #2 – TCC

Tanana Chiefs Conference writes to provide comment on the proposed temporary Medicaid state plan amendment (SPA) to suspend prior (PA) and service authorizations (SA) for behavioral health state plan services. We welcome and are supportive of the proposed temporary SPA to suspend PAs and SAs for behavioral health services.

Department Response

The department appreciates the support and ongoing partnership with the tribal health organizations.

Tribal Comment #3 – CITC

As President and CEO of Cook Inlet Tribal Council (CITC), an Alaska Native Tribal organization which serves as the primary education and workforce development center for Native people in Anchorage, Alaska, I am privileged to offer the following comments for your office's Tribal consultation concerning the state plan amendment (SPA). As a provider of behavioral health services, CITC strongly supports the Department of Health's efforts to improve access to care through the continued suspension of the service authorization (SA) requirement and further urges it to make this change permanent, for all of its recognized benefits.

Department Response

The department is utilizing the flexibilities extended during the pandemic as the most efficient path forward to enact relief from administrative burden facing providers. Pending CMS approval, the department intends to evaluate existing regulations and utilization management protocols and will evaluate at a later date the feasibility of a permanent suspension.

Tribal Comment #4 – SCF

Southcentral Foundation (SCF) provides the following comments on the proposed temporary Medicaid state plan amendment (SPA) to suspend prior authorizations (PA) and service authorizations (SA) for behavioral health state plan services. This proposed temporary SPA to suspend PAs and SAs for behavioral health services will provide welcome relief for SCF's behavioral health providers and administration. It will continue a flexibility utilized during the pandemic that has brought a beneficial reduction in provider documentation burden and organizational administrative burden.

Department Response

The department appreciates the support and ongoing partnership with the tribal health organizations.

Tribal Comment #5 – APIA

On behalf of the Aleutian Pribilof Islands Association, I am in support of the proposed amendment to temporary suspended Medicaid fee-for-service prior/service authorization requirements that were implemented during the public health emergency via the 1135 waiver authority for an additional year after the end of the public health emergency May 11th, 2023.

The amendment will assist our behavioral health providers by improving access to care for Alaska Medicaid participants, decreasing their already heavy administrative burden, and reducing barriers to care for our Medicaid-eligible Alaska Native and American Indian beneficiaries.

Department Response

The department appreciates the support and ongoing partnership with the tribal health organizations.

Tribal Comment #6 – ANHB, TCC, NSHC, CRNA, and KIC

The current draft of the SPA, however, only makes this a temporary change to the State Plan for these outpatient services. We recommend that this change be made permanent. The State has the authority now to adopt this change permanently, and it creates duplicative work to adopt a temporary change and then complete a permanent SPA next year.

Department Response

Please refer to the response for Tribal Comment #3.

Tribal Comment #7 – TCC

As mentioned above, we recommend that this proposed temporary change be made permanent. The State has the authority to adopt this change permanently, and it creates duplicative work to adopt a temporary change and then complete a permanent SPA next year.

Department Response

Please refer to the response for Tribal Comment #3.

Tribal Comment #8 – CITC

In its April 5, 2023 Dear Tribal Leader Letter, the department acknowledges that the continued suspension of the SA requirement will improve access and reduce barriers to care for Medicaid-eligible AN/AI beneficiaries – indeed, all beneficiaries – and will assist Medicaid fee-for-service behavioral health providers by decreasing the administrative

burden in providing this critical care. CITC asks the department to consider these recognized benefits and use them as bases to advocate for a permanent suspension of the SA requirement.

Department Response

Please refer to the response for Tribal Comment #3.

Tribal Comment #9 – CITC

One of the wide-ranging goals in enacting the comprehensive reform of Alaska's Medicaid program through the 1115 Waiver was to reduce administrative burden, yet the SA unquestionably has added to this burden. CITC supports the department's efforts to suspend the requirement for another year through the SPA and strongly urges it to do all in its power to make the suspension permanent.

We further ask the department to work with Tribal providers, as outlined in its Tribal Consultation Policy, toward our shared goal "of ensuring maximized access to rights, protections, and services, including critical health and social services, while shared resources are effectively and efficiently utilized." Through the elimination of the SA requirement, together we maximize access to services for the people we serve and reduce the barriers and challenges faced by all providers in order to achieve improved health and wellness outcomes.

Department Response

Please refer to the response for Tribal Comment #3. The department welcomes the opportunity to engage in meaningful dialogue with our tribal partners and believes this collaboration will ensure work continues moving in the right direction.

Tribal Comment #10 – ANHB, ANTHC, NSHC, CRNA, and KIC

Further, we recommend that this suspension of PAs and SAs be extended to 1115 Waiver services. We understand that the State has proposed the end of PAs and SAs for 1115 Waiver services as part of its recently proposed regulatory package on 1115 Waiver services. This regulatory package does not go through Tribal Consultation, and we wanted to share our recommendation in through this consultation. We also plan to submit comments during the public comment period.

Department Response

The department appreciates acknowledgment of inclusion of the service authorization suspension for 1115 Waiver services in the proposed regulation package and looks forward to tribal comments through the regulatory process.

Tribal Comment #11 – SCF

Additionally, the suspension of PAs and SAs should be extended to 1115 Waiver services. While the state has promulgated regulations to do away with many service limits and some service authorizations, these regulations will not be in effect for some time and the additional burden on 1115 service providers is high. SCF will submit comments on these regulations but wanted to make clear concerns about the burden 1115 PAs and SAs will have on providers and organizations.

Department Response

Please refer to the response for Tribal Comment #10.

Tribal Comment #12 – TCC

Additionally, we recommend that this suspension of PAs and SAs be extended to 1115 Waiver services. We understand that the State has proposed the end of PAs and SAs for 1115 Waiver services as part of its recently proposed regulatory package on 1115 Waiver services. This regulatory package does not go through Tribal Consultation, and we wanted to share our recommendation in through this consultation. We also plan to submit

comments during the public comment period.

Department Response

Please refer to the response for Tribal Comment #10.

Tribal Comment #13 – CITC

From its front-line perspective, CITC offers its own experience providing behavioral health services during the PHE. Most notably, CITC has seen no misuse of services while operating without the SA requirement. At the same time, the SA's added paperwork burden puts more strain on our already overworked staff and directly diminishes the time they are able to spend working with participants. Considering that the information needed to determine whether the treatment plan is medically necessary is easily found in the plan when it's sent out for billing, the redundant nature of the SA requirement is inconsistent with effective care. Spending limited staff time on a duplicative administrative task is particularly frustrating. Unquestionably, the net effect of the SA requirement is to make more difficult our efforts to provide the services that change lives. It must also be noted that the SA's proposed timing doesn't follow a normal level of care for treatment; for example, it makes little sense to write an SA after 30 days when residential treatment is 4-6 months, longer than a normal treatment plan and too soon to show clinical relevance.

Department Response

The department appreciates this additional context for the direct impact on participant care. The department looks forward to collaboration as we work to review existing regulations and utilization management protocols.

Tribal Comment #14 – (KIT)

For the past 9 years I have been working for the Kenaitze Indian Tribe in the capacity of a direct provider of behavioral health services, including individual therapy and family therapy. I want to comment that the break we have taken from providing service authorizations since the pandemic has allowed me to increase the number of clients I have been able to serve. The authorizations are very time consuming for both providers and support staff.

1. Service Authorizations are an administrative burden. To complete one Service Authorizations can take roughly 40 minutes. Also, the addition of completing a Service Authorization for every program, 1115 SUD Waivers Services, 1115 Behavioral Health Services, State Plan Services. We will have to do three additional Services Authorization's for client/request.
2. Agencies have no clear instructions or guide for writing Service Authorization's. It is the reviewers opinion. In the past there has been no clear difference between Service Authorizations that have been approved and those that have been accepted.
3. In the 1115 SUD/BH Initial Proposal approved by CMS there is supposed to be 30% reduction in Administrative Burden. We have not had any reduction and if reviewed we have additional documentations requirements like requiring National Provider Identification (NPI) numbers and registering agencies and providers with Optum.
4. We have not been doing Services Authorizations since Covid started. There was not an incredible increase in services which would suggest flagrant billing. Agencies have proven to be stewards of ethical decision making and appropriate use of Medicaid dollars.
5. No other major health sciences have to request authorizations and defend medical necessity. Where is parity?
6. We have other things in place to defend medical necessity including providers being licensed, agencies being accredited, audits, and assessments (defining treatment).
7. Why would Service Authorizations be reviewed by an outside clinician? This would promote a "lack of trust" and cause a micro-managing of treatment.

I would propose that Service Authorizations no longer be required.

Department Response
The department appreciates sharing this direct experience and your commitment to service delivery to our Alaska Medicaid participants.

Tribal Comment #15 – ANHB, TCC, ANTHC, NSHC, CRNA, and KIC

Finally, we urge the Department to put out clarification on when and how SAs and PAs will resume for 1115 Waiver services and explain the pause for state plan services. Because the proposed regulations for 1115 Waiver services will not be effective before the end of the Public Health Emergency, it is important for the Department and Division of Behavioral Health to clearly articulate its intention for providers working with beneficiaries and preparing for the increased administrative burden of PAs and SAs upon resumption.

Department Response
The department appreciates this feedback and is preparing an estimated timeline, including clarification for when and how SAs and PAs will resume for 1115 Wavier services and the pause for state plan services; however, that guidance depends on the CMS decision on the proposed SPA guidance.