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Subject: comment on service authorizations
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Good morning,

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. I echo the feedback of Mr. Joe Cannava previously submitted, as stated below:

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.

Thanks for listening and this opportunity.

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