



*With Spirit and Strength*

September 1, 2022

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

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

Dear Ms. King,

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

The Aleutian Pribilof Islands Association, Inc. (APIA) is a regional nonprofit tribal organization with members consisting of the thirteen (13) federally recognized tribes in the Aleutian and Pribilof Islands' Region of Alaska.

First, we want to thank the Department for the many good changes that this SPA will offer our Medicaid beneficiaries. We recognize that several of these proposals are prompted by the need to implement statutory changes to coverage made in the Patient Protection and Affordability Act (P.L. 111-148) (ACA) sections 2713 and 1302(a), but other changes are being offered to meet industry standards. The inclusion of rehabilitative services will greatly improve the ability of our beneficiaries who need such services to receive this important element of care. We also welcome the ability of our beneficiaries to access contact lenses. Lastly, we welcome alignment of preventive services with the ACA. Preventive services are the tools we have to ensure that we are working to prevent the development or worsening of costly medical conditions, and preventive treatment

improves not only the quality of life for beneficiaries but ensures a more fiscally responsible approach to health care.

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

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

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

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

Terms”<sup>1</sup> and is also inconsistent with the recommended definition adopted by the National Association of Insurance Commissioners (NAIC), and then adopted by the respective therapists’ associations.<sup>2,3</sup>


Habilitation Services

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

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

Thank you for the opportunity to provide written comment on these proposed amendments to the Medicaid State Plan and the Alternative Benefit Plan. Should you have any comments or questions regarding our recommendations please contact Jessica Mata Rukovishnikoff, APIA's Primary Care Director at [jmataruko@apiai.org](mailto:jmataruko@apiai.org).

Sincerely,



Dimitri Philemonof, President/CEO  
Aleutian Pribilof Islands Association

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

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

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

<sup>4</sup> CMS CCIIO, “Glossary.”