

Submitted via: emily.beaulieu@alaska.gov

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Emily Beaulieu Medicaid State Plan Coordinator Alaska Department of Health 3601 C Street, Suite 902 Anchorage, AK 99503

## RE: Proposed Temporary Medicaid State Plan Amendment to Suspend PA and SA for Behavioral Health State Plan Services

Dear Ms. Beaulieu.

Alaska Native Tribal Health Consortium (ANTHC) 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. This would continue a flexibility the State utilized during the COVID-19 pandemic under an 1135 Waiver authority.

ANTHC is a statewide tribal health organization serving all 229 Tribes and all Alaska Native and American Indian (AN/AI) individuals in Alaska. ANTHC and Southcentral Foundation co-manage the Alaska Native Medical Center (ANMC), the tertiary care hospital for all AN/AI people in Alaska. ANTHC also provides a wide range of statewide public health, community health, environmental health and other programs and services for Alaska Native people and their communities.

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.

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 through this consultation. We also plan to submit comments during the public comment period.

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.

We thank the Department for the opportunity to engage in this government-to-government Tribal Consultation. Please reach out with any comments or questions regarding our recommendations.

Sincerely,

Monique R. Martin, Vice President

Monique L. Martin

Intergovernmental Affairs