Southcentral Foundation
Est. 1982

Vision
A Native Community that enjoys physical, mental, emotional and spiritual wellness.

Mission
Working together with the Native Community to achieve wellness through health and related services.

Customer-Owners
Serving over 65,000 Alaska Native and American Indian People

Communities Served
Anchorage Service Unit and 55 Tribes to Include:

Anchorage
Chickaloon
Eklutna
Igiugig
Iliamna
Kenaitze
Knik
Kokhanok
Matanuska-Susitna Borough
McGrath
Newhalen
Ninilchik
Seldovia
St. Paul Island
Tyonek

Services Offered
Over 90 Community-Based Programs Including:
Medical
Behavioral
Dental
Co-Own and Co-Manage the Alaska Native Medical Center

February 8, 2023

Heather Phelps
State of Alaska Department of Health
Division of Behavioral Health
Via Email: doh.dbh.public.comments@alaska.gov

Re: Public Comment

Dear Ms. Phelps,

Southcentral Foundation (SCF) provides the following comments on the proposed 1115 Waiver Renewal application. SCF has been supportive of the primary objectives of the Waiver, and especially its focus on early intervention and community-based services.

During the 1115 Waiver Informational Tribal Consultation session in September 2022, we discussed some of the successes we have seen under the 1115.

1) It is vital to have a package of services that providers can be paid for and the service range has been broadened.
2) We are all excited about the peer support services certification process and ability to bill for these services while partnering with individuals on their journey toward wellness.
3) Expansion beyond 16 allowable beds for Substance Use Disorder (SUD) residential programs due to waiving the Institute for Mental Disease (IMD) exclusion.
4) Structure of the waiver has helped providers be more aware of the levels of care and has educated the health care sector, public, and policymakers about the continuum of care.
5) There is an increased interest in standing up community-based programs.
6) Moving away from the bifurcated substance use disorder and mental health systems waivers and working toward integrating these services under the heading of a single *Behavioral Health Reform Waiver* is appreciated.

During the past four years, SCF has transitioned the current services that we provided to the 1115 Waiver. We have added a new outpatient SUD program in the Matanuska-Susitna Borough, two behavioral health outpatient programs and are planning for 23-hour crisis stabilization and crisis residential programs. Our comments and recommendations are intended to help improve the waiver so it can work for all Alaskans, in particular the Tribal beneficiaries and community Medicaid recipients we serve. *We offer the following eight (8) comments to support the successful implementation of the 1115 Waiver:*

1) Data - Throughout the past several years of waiver operation there has been a lack of data sharing and transparency around what data has been reported and where it was obtained. Data are key to understanding the state of the system and continuum of care and where there are gaps in services to target strategies and investments. While we are advocating for more data sharing and transparency, this should not come at the expense of placing more administrative burden and reporting requirements. The current data sets that are reported by providers to the Division of Behavioral Health are more than adequate to provide public information about the state of the behavioral health system and the continuum of care, however, it has been difficult for behavioral health organizations and associations to receive any of these requested insights. Additionally, it will take time to understand the data and results. We request time with the State to better understand the data and methodology in this report. The data contained in the 1115 Waiver Renewal Application used to validate hypotheses has several shortcomings:

1) Data does not support or validate the waiver hypotheses.
    a. For example, paid claims data are used to measure access, quality and cost neutrality. This is not appropriate because:
        i. Access to service means that a service is available. For a service to be included in paid claims data, a service would need to be available to an individual, furnished to a Medicaid recipient and paid by Medicaid in a way that conforms with the measure definition. There can be a substantial gap between availability and Medicaid payment at any time.
        ii. The Administrative Services Organization (ASO) is struggling to pay claims timely and correctly. We are concerned that even the reduced subset of access that a paid Medicaid claim would represent is not accurate and complete for the purposes of the evaluation.
2) We request valid and reliable data that can be shared with key stakeholders to determine whether the waiver is making progress in improving access, quality, and cost neutrality.

2) Workforce - To meet the goals outlined in the 1115 Waiver we need the workforce to not only meet current needs but also to expand to other 1115 Waiver services. Workforce was a challenge before the pandemic. The pandemic has only exacerbated our workforce challenges. The ability to realistically grow and expand services with shortages of many types of providers and professionals is extremely challenging. The expansion of the 1115 Waiver services has created more, not less workforce barriers and challenges. While not directly tied to aspects of the 1115 renewal, we recommend the State support these workforce efforts:

1) State and health sector partnerships with, and funding for, University of Alaska Anchorage, Alaska Pacific University, and other training programs are critical.
2) Second, we request licensing reciprocity for individuals moving to Alaska. This reciprocity may need legislation, or an emergency regulatory fix—please push for these within the state administration and before the legislature. This will allow providers from other areas of the country to more easily come to Alaska to practice behavioral health care.
3) Finally, current licensed providers need a reliable and prompt process for licensure renewal. This is a big issue for providers given the time it takes to receive approval. The Division of Corporations, Business, and Professional Licensing needs to receive a general fund subsidy to fully staff its licensing sections.

4501 Diplomacy Drive, Anchorage, Alaska 99508 | (907) 729-4955 southcentralfoundation.com

3) **Certification Requirements**

1) We have been and still are concerned about the Qualified Addiction Professional (QAP) requirement. During the past three years we have experienced significant turnover and costs to meet these requirements. We appreciate the one-year extension to meet the QAP requirement, but this is still not enough for us to continue to have the workforce to deliver these services.
2) We recommend the State change the QAP requirement from a CDC II to a CDC I. In addition, we ask the State meet with the Alaska Commission on Behavioral Health Certification to discuss the recent changes to the supervision and CDC requirements that will negatively impact all providers. These changes will stop and limit any progress that has been made with the substance use disorder treatment workforce in Alaska. Finally, we have not seen any data that these new certification requirements lead to better clinical outcomes of care for Alaskans.

4) Administrative Burden

One of the goals of the SB74 was to reduce administrative burden. Although this is a very broad statement and not specific to the 1115 Waiver, the ASO has added significantly more administrative burden on providers. Tribal Behavioral Health Directors have consistently shared this feedback during quarterly meetings with state officials.

1) Service Authorizations
2) Enrollment and Claims Process
3) Level of Care documentation
4) Difficulty in finding the most recent and accurate regulations, guidelines, etc., needed to start these programs.

Service authorizations have been burdensome for years, and the topic has been brought up multiple times to state officials. The 1115 Waiver adds more required service authorizations and prior authorizations for providers. We understand that Center for Medicare and Medicaid Services (CMS) does require medical necessity to be shown for services, but CMS guidance does not state specifically that this must be done through service authorizations.

1) We request medical necessity for behavioral health and SUD services be determined based on the appropriate clinical documentation. The service authorization form is duplicative of what is already present in clinical documentation. Additionally, the disparity in bureaucratic requirements between physical health care and behavioral health care is startling. The number of pages needed to satisfy authorization requirements for managed mental illnesses like bipolar disorder is significantly greater than for treating managed diabetes or high blood pressure.
2) We request the State and the ASO reduce barriers to care and overall complexity, such as service authorizations, multiple provider enrollments, and multiple data entry requirements.
3) We request the State reduce the clinical documentation burden. Clinical documentation should mirror that of medical health care since behavioral health and substance use treatment is also healthcare.

5) Administrative Services Organization

One of the central goals of the waiver was to contract with an ASO to manage the behavioral health system reforms for both waiver and non-waiver services.

This experience for the Alaska Tribal Health System has been difficult, costly, and challenging for providers. We can see the outcome of our experience in that **ZERO** SUD providers are billing for Medicaid services in waiver Regions 3, 6, 7, and 9.

4501 Diplomacy Drive, Anchorage, Alaska 99508 | (907) 729-4955 southcentralfoundation.com

Some of the complexity and challenges that we have experienced with the ASO include:

1) Enrollment and the startup process is very cumbersome and confusing. The ASO has given inconsistent responses to providers for the same information.
2) Claims processing and timely payments have been a huge administrative burden for organizations and have jeopardized the financial viability of many providing organizations across the state.
3) Because so many measures in the renewal application are based on claims data, the failure of the ASO to process claims in an accurate and timely manner may impact the accuracy of the measures reported in the renewal application.
4) Most Tribal Health Organization (THO) 1115 Waiver providers are part of a larger Tribal health system and have a separate process for enrollment and billing. The difficulties associated with the ASO have led to organizations including SCF to hire additional staff to enroll and bill for 1115 Waiver services.
5) The re-start of service and prior authorizations is a major source of concern. The behavioral health system in Alaska has not been burdened by service and prior authorizations for years now, nor have the staff at the ASO. However, once the federal Public Health Emergency (PHE) expires these requirements will come crashing back down on providers, organizations, and the ASO. It is unclear if there are staff remaining with the ASO who have experience with these authorizations.
6) In addition, there are concerns about the ASO's ability to carry out their contractual obligations including reducing administrative burden and reporting measures outlined in the ASO contract.
7) As the ASO hires more staff it will be vital that those employees are familiar with Alaska and the Tribal Health System. THO staff that interact with Optum often report having to educate these national employees about Alaska and the Tribal health system.
8) We recommend the State reduce barriers to care and overall complexity, such as service authorizations, multiple enrollments, and multiple data entry requirements.

6) Health Homes and CCBHCs

The Waiver application references exploring innovative delivery system initiatives such as a state plan option to implement health homes or the federal Certified Community Behavioral Health Center (CCBHC) demonstration which may complement the Behavioral Health reform waiver, present opportunities to bring additional resources to Alaska, and build integrated capacity to support this objective.

We recommend that the Tribal health system be consulted and informed about what the State is proposing with health homes and CCBHCs prior to any applications being submitted or any of these programs being implemented.

7) Screenings

The State should explore opportunities to compensate providers for SUD and mental health screenings that take place outside of a traditional behavioral health setting. The State's effort to move toward reimbursement for screenings and brief intervention being delivered in primary care settings is promising. We request to be part of the conversation as this continues to move forward.

The waiver goal to focus on prevention and early intervention services is vital. For screening and intervention services to be sustainable in a non-behavioral health setting, providers need to be able to bill and receive payment for those services.

4501 Diplomacy Drive, Anchorage, Alaska 99508 | (907) 729-4955 southcentralfoundation.com

8) Department of Justice Report and Continuum of Care

The issues resulting in the Department of Justice (DOJ) report pre-dated the original 1115 Waiver. However, strategic implementation of changes to the behavioral health system, especially in rural Alaska, through the 1115 Waiver can remediate the underlying issues that resulted in the complaints that led to the report. The goal of rebalancing the current system of care to reduce Alaskans' over-reliance on acute, institutional care and shift to more community-based or regionally-based care is laudable. The waiver mechanisms should also focus attention on community care for priority populations like children at risk of hospitalization or institutional placement.

SCF is concerned about the content of the DOJ report and supports efforts to ensure that Alaska Native children are able to receive needed behavioral health and substance use disorder treatment services in their communities, regions, or within the State. To do this, the Department of Health needs to partner with THOs and the broader health sector on the following:

1) Infrastructure funding
2) Technical assistance for starting up new programs
3) Startup funding for the first 3 years and possibly ongoing
4) Workforce
5) Housing for providers
6) Data to drive system improvements and investments

Many of the 1115 Waiver services seem to be focused on urban areas. 1115 Waiver services should be evaluated for possible modifications that would permit these services to be offered in rural areas. We request that the State discuss any planning or modifications to the service descriptions with the Tribal behavioral health directors so that these services can be offered in all regions.

Thank you for your considerations of our recommendations. With the increase in need for behavioral health and substance use treatment we are committed to ensuring the success of the 1115 Waiver services. If you have any questions please contact Southcentral Foundation's Executive Vice President of Behavioral Services, Michelle Baker, at mbaker@southcentralfoundation.com.

Sincerely,
SOUTHCENTRAL FOUNDATION

April Kyle, MBA
President and CEO