Alaska Native Health Board

THE VOICE OF ALASKA TRIBAL HEALTH SINCE 1968

T 907.562.6006 F 907.563.2001 • 4000 Ambassador Drive, Suite 101 • Anchorage, Alaska 99508 • www.anhb.org

February 26, 2021

Courtney O'Byrne King
Medicaid State Plan Coordinator
Alaska Department of Health & Social Services
3601 C Street, Suite 902
Anchorage, AK 99503
Via Email: Courtney.King@alaska.gov

RE: Proposed Medicaid State Plan Amendment – Behavioral Health State Plan Services, Phase 1

Dear Ms. King,

The Alaska Native Health Board (ANHB)[1] is writing to provide comment on the proposed Medicaid State Plan Amendment (SPA) which seeks to refine existing services and remove others that have become obsolete under the new 1115 behavioral health waiver (the waiver), and reflect the changes to the state plan in phase I of the transition describe in the waiver application. Below we offer feedback on how best to improve the proposed SPA and reduce the adverse impacts to Alaska Native and American Indian (AN/AI) Medicaid beneficiaries who access behavioral health services.

- **Short Term Crisis Services. (Matrix page 2 and 3)**
  - On pages two and three of the matrix, the Department proposes the removal of short-term crisis intervention services. The brief explanation states that short-term crisis services are being removed from the list of State Plan clinic services because "services of this nature are covered by the State's 1115 waiver authority – instead of the State plan."
  - **Recommendation:** We urge that crisis code language remain in the state plan as written.
  - **Justification:**
    - There are no 1115 waiver crisis codes that permit short-term intervention unless furnished by a peer, 23-hour crisis center, short-term residential service, or ACT team. There is a need for crisis services in other settings furnished by qualified behavioral health providers.
    - The 1115 Waiver does not include reimbursement for master's Level Therapists and bachelors' level clinical associates to bill for a variety of crisis services.

[1] ANHB is the statewide voice on Alaska Native health issues and is the advocacy organization for the Alaska Tribal Health System, which is comprised of tribal health programs that serve all of the 229 tribes and over 177,000 Alaska Native and American Indian people throughout the state. As the statewide tribal health advocacy organization, ANHB helps Alaska's tribes and tribal programs achieve effective consultation and communication with state and federal agencies on matters of concern.

- **SBIRT Services (Matrix pages 6 and 7)**
  - We want to thank the State of Alaska for adding Screening and Brief Intervention Services to the State Plan under this proposed State Plan Amendment.
  - **Recommendation:** We would encourage you to broaden the list of qualified providers to include all the provider types who may deal with recipients who need the service, including but not limited to Behavioral Health Aides and Practitioners (BHA/P), Community Health Aides and Practitioners (CHA/P), physicians and non-physician practitioners, behavioral health clinicians, "Tribal Clinics", and "Federally Qualified Health Centers".
  - **Justification:**
    - The need for SBIRT services may arise in almost any health care setting, and the list of providers who may furnish and be reimbursed for the service should be expanded accordingly. By its nature, the service is intended to catch recipients when and where they are seen, so they may receive the immediate services they require and be referred out for additional behavioral health services as appropriate. This may occur in behavioral health clinics, outpatient hospitals, emergency rooms, village primary care clinics, FQHCs, physician offices, mental health clinician offices, and other locations. Providers in all of these locations, with the appropriate training, can and should furnish SBIRT services, based on the "no wrong door" principle, and when they do they should be eligible for reimbursement. The list of covered providers should include outpatient hospitals, tribal clinics, FQHCs, physicians, nurse practitioners, physician assistants, independent psychologists, family and marital therapists, professional counselors, CHA/Ps and BHA/Ps, as well as any other health care providers who may be presented with the need to furnish SBIRT services.

- **Reduce the administrative burden for Therapy Services (Matrix page 2)**
  - The current service authorization requirements for behavioral health services are a burden for providers and patients seeking care. The current 10-hour cap before providers are required to submit service authorizations is far too low, and requires frequent paperwork that reduces the amount of time providers can spend with patients.
  - **Recommendation:** We recommend that prior authorization thresholds for "any combination of individual, group, and family therapy" be eliminated entirely, or at least substantially increased beyond the 10 hours currently proposed, perhaps to 30 hours.
  - **Justification:**
    - The service limits proposed seem non-reflective of the care that is being provided. If prior-authorization requirements are imposed, they should reflect what is anticipated being provided in a year's worth of time like the other services for which limits are stated. It is rare for someone to be in insight-based therapy for less than a year, especially when meeting the criteria listed as SMI. This level of justification is not required for Medical appointments. Why should the treatment of ongoing chronic behavioral health conditions be treated differently? Removing or significantly increasing these limits would provide not only seamless services for customers but also help with provider morale and retention.
    - Additionally, prior authorizations are primarily a cost containment mechanism. AN/AI patients enrolled in Medicaid have 100% FMAP for care provided at or through a tribal provider. If the Department is opposed to eliminating prior authorizations over all due to costs, would it be possible to exempt Tribal providers

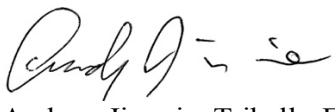
from such prior authorization requirements?

- **Pharmacologic Management (Matrix page 2)**
  - The draft SPA would require prior authorizations for pharmacologic management exceeding one visit per week for four weeks and then one visit per month thereafter.
  - **Recommendation:** We recommend a step-down approach, with one visit per week being allowed for four weeks, then bi-weekly for 8 weeks, then one visit per month thereafter.
  - **Justification:**
    - Not all customers are able to transition from weekly appointments to monthly appointments immediately. It is common for customers to go from weekly to bi-weekly appointments and then monthly appointments. Again, this change would better reflect actual recipient needs and would help with the administrative burden that providers already face for justifying medical care and for proper treatment of the patients we serve.

- **Behavioral Health Aide Services Coverage (Matrix page 5)**
  - We are concerned that the proposed wording at 13.c.E. – "licensed mental health professional" – would exclude coverage for services furnished by fully qualified BHA/Ps, who are "certified" by the federal Community Health Aide and Practitioners Certification Board, and not "licensed" by the State or any other entity. In the Tribal health system, BHA/Ps are a critical provider type in our system, and we want to ensure that BHA/Ps are able to continue to provide the same set of Medicaid services as they currently do, including under the Health Professional Group.
  - **Recommendation:** We recommend that the Department review the use of the term "licensed" to describe mental health professionals eligible to be reimbursed for behavioral health services, and modify the language as needed to ensure that services of certified BHA/Ps will continue to be covered to the same extent as currently.
  - **Justification:**
    - BHA/Ps are an important provider type in the Alaska Tribal Health System. Their ability to provide behavioral health services and be reimbursed for them is key to continuing delivery of care in rural Alaska and ensuring the behavioral health continuum of care.
    - BHA/Ps are a certified mental health professional type, and the term "licensed" does not always encompass those health professional types that are "certified".

We appreciate the opportunity to provide these recommendations on the proposed SPA, and should you have any comments or questions regarding our recommendations, please contact ANHB. You can reach ANHB at anhb@anhb.org or via telephone (907) 562-6006.

Sincerely,



Andrew Jimmie, Tribally-Elected Leader of the Village of Minto
Chairman
Alaska Native Health Board