# STATE OF ALASKA

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES**

*MEDICAL CARE ADVISORY COMMITTEE*

*Frank H. Murkowski, Governor*

*751 Old Richardson Highway,*
*Suite 100-A*
*Fairbanks, AK 99701-7802*
*Telephone: (907) 451-2017*
*FAX (907) 451-5046*


August 24, 2006

Dear Commissioner Jackson,

The purpose of this letter is to transmit the Medical Care Advisory Committee's (MCAC) FY 2008 Policy Recommendations regarding the Medicaid program for your consideration. These recommendations are based on the unanimous consensus of the committee and can be found in the accompanying document.

Over the last year the MCAC submitted a request for the department to conduct an impact study of the state's flat and reduced funding for behavioral health services which included a Medicaid billing eligibility concept paper requesting that the department consider allowing Ph.D. psychologists, and master's level licensed clinicians the ability to independently bill for services reimbursable through Medicaid for your consideration and response. Completion of this study is a critical step in understanding the department's fiscal well-being and for knowing how the MCAC should make future policy recommendations. We look forward to hearing back from you on this demonstration project.

Also, upon your request at the February 2006 Juneau meeting, the MCAC drafted an updated Medicaid state plan mandatory and optional list for your review. We hope this information was beneficial.

The MCAC continues to be concerned about the statewide auditing process. It appears to be overloading the system which results in a loss of providers and also a loss of administrative efficiencies. The auditing process costs do not appear to be an effective use of resources and it is all conducted as an extra expense to the provider. We don't have the answer to this dilemma but look forward to working with the department on its resolution.

Other critical issues occurring across the state and nation that are of interest to the MCAC include the Deficit Reduction Act, the Medical Evidenced-Based Design Project, progress on the MMIS, and the State of Alaska Legislative Affairs Medicaid Program study. We will ask that Jerry Fuller keep our membership current on these topics and if needed the MCAC is prepared to formally respond.

I would also like to take this opportunity to express how grateful the MCAC is for the support we have received from your office. Our committee greatly appreciates that our support and recommendation for enhanced adult dental care received legislative support and Trust funding. We would like to thank all who agreed with our concerns and worked toward a positive solution. Our committee will continue to work toward understanding why so many dentists are unwilling to accept Medicaid patients because we have heard that it is not the reimbursement rate but the amount of paperwork required.

The MCAC consisting of about half providers and half consumer representatives, all of whom have specific advocacy agendas, but all of whom are extremely capable of broad discussions, is intent on identifying the areas of needed improvement as well as the need for reasonable cost constraints. The committee therefore tries its best to identify possible ways that you, the Governor, and the legislature can improve the quality of care to those Alaskans identified as Medicaid recipients, who are clearly in need.

To be successful it clearly requires your support and the knowledgeable input of information which we consistently have received from Jerry Fuller as well as the excellent coordinating activities we have received from Kathryn Craft.

We trust that these suggestions will generate discussion and careful consideration.

Sincerely,

David Alexander, MD
MCAC Chair

***MEDICAL CARE ADVISORY COMMITTEE***
***2008 POLICY CONSIDERATION RECOMMENDATIONS***
***August 24, 2006***

## Prevention and Early Intervention

A. *Brain Injury* – Severe traumatic brain injuries can be devastating or fatal, and are always very expensive, but can often be prevented by requiring the use of helmets, at the very least for those under 18 years of age. Members of the MCAC continue to hear the need to offer prevention and early intervention services as a way to reduce injuries.

*Recommendation.* Community prevention efforts must address educating community members both young and old; ensuring the prevention plan fits within the needs of the community; and, finally enforcement of the plan. Also, introducing and supporting legislation which would require helmet use by children and youth under the age of 18 during "at risk" activities (e.g. cycling, snow-machining, motor-cross, 4-wheeling) would be appropriate.

B. *Pregnant Mothers / FASD* - Ongoing family alcohol and drug abuse can often be prevented by identifying at-risk pregnant mothers, or moms as they deliver, who are alcohol or drug users and offer appropriate treatment and support services. Taking advantage of their nearly universal desire to be a good mother sets the stage for the optimal potential for future prevention. Early care of patients with alcohol and/or drug abuse appears to also be much more effective, with individuals becoming well and recovering from their addictions.

*Recommendation.* It would be very worthwhile to develop an active treatment continuum of care, specifically designed to treat alcohol and drug abusing women who are pregnant or who have a newborn child.

C. *Access to Early Intervention Services* - Adults often find themselves unable to access behavioral health treatment or services until they become a danger to self or others. Early care of patients with alcohol and/or drug abuse, nicotine, tobacco, emotional problems, mental illness, as well as obesity and overeating appears to also be much more effective.

*Recommendation.* Increase grant funding to behavioral health centers enabling them to offer general mental health, prevention and early intervention services to adults preventing more serious and costly interventions later.

## Comprehensive System of Care

A. *Treatment Services*. Alaskans have more behavioral health needs than can currently be served in our existing system of care however, there is a provider group that is not being fully utilized. The control of mental health issues, just as with other medical issues, is most effectively done through prevention, early screening and intervention, diagnosis and treatment. The use of various types of education (for prevention) and early treatment of symptoms is certainly much more cost effective than waiting to fund treatment once an individual has severe mental illness or emotional disturbance.

*Recommendation.* Offer a full array of services including those provided by independent licensed mental health professionals. At a minimum the department should consider a pilot project in which a controlled number of independent licensed mental health professionals throughout the state are given temporary eligibility to enroll as a Medicaid provider. (Please see the MCAC concept paper submitted to the DHSS Commissioner's Office on June 27, 2006.)

B. *Bring [and Keep] the Kids Home*. As noted last year we strongly support the idea of bringing [and equally important keeping] Alaska children home who have been hospitalized out of the state for residential psychiatric services. And more importantly, the MCAC supports building the infrastructure that will sustain a comprehensive system of care for children with the most intensive need being served in state. This system of care will provide a much more positive treatment milieu to keep parents, teachers, and friends involved in their child's care.

*Recommendation.* Continue to support and fund the "Bring the Kids Home" initiative which focuses on building a comprehensive system of care for Alaskan children.

C. *Comprehensive Geriatric Plan***.** As Alaska's population continues to age, there is a growing concern regarding the inability of Alzheimer's patients to be found Medicaid eligible.

*Recommendation.* The department in coordination with their various stakeholders (providers, Trust, planning boards, consumers…) needs to develop a statewide geriatric plan which addresses all aspects of care for seniors. Once the plan is developed and approved it needs to have adequate funding. In addition, the department should consider making a change to the Medicaid State Plan to fully address this growing need, phasing Medicaid eligibility in at a specific level of severity.

D. *Chronic Disease Management.* Proactive chronic disease management ensures an enhanced quality of life for the individual suffering and is more cost effective and efficient.

*Recommendation.* The department should consider increased funding for enhanced access to care coordination and peer navigator activities.

E. *Tele-Health and Tele-Psychiatry*. Tele-health/psychiatry is essential to the rural and remote treatment continuum. This service type allows community health aides and other community personnel the ability to contact medical staff for consultation and direct service provision when otherwise they would be unavailable.

*Recommendation*. Build upon the API system and continue to improve and enhance the statewide use of telemedicine and tele-health services.

F. *Substance Abuse Residential Centers.* Alaska has a high substance and alcohol abuse rate and there is a critical need for additional substance abuse residential treatment services both for detoxification and long-term care. In addition, early care of patients with alcohol and/or drug use disorders appears to also be much more effective and enhances their quality of life.

*Recommendation.* Encourage state support for the development and sustainability of residential treatment centers for chemical dependency and alcohol abuse and pursue options and innovative strategies of evidenced-based practices.

## Consumer Concerns

A. *1-800-Number.* Consumers and providers need a simple process in which they can ask questions and report concerns about excessive costs, ineffective therapies, inability to find a provider, difficulties traveling, or any other Medicaid program concerns.

*Recommendation.* The department should develop and widely publicize a 1-800-Number and email address for consumers or providers who have questions or would like to express concerns.

## Travel

A. *Family and Consumer Travel*. Consumers receiving services and travel paid through Medicaid often times experience a great deal of problems when traveling or escorting a child or individual. Issues and concerns expressed to MCAC members include (but are not limited to); accessible land transportation such as cabs and shuttle buses, when consumers are away from their home community or out of state; airline seat assignments; the need to lodge at hotels that have restaurants located within the premises; and flexible food vouchers.

*Recommendation.* The MCAC understands that the department has a State Travel Office and would like to continue to work on improving and streamlining the travel process. There is a great necessity for travel to be as individualized as needed allowing for consumer choice whenever possible.

*B. Provider Travel and Urgent Care.* MCAC members have heard testimonies with regard to streamlining the process and time required for urgent care which requires travel outside of villages and rural communities. In these instances, the Community Health

Aide has verbally received doctor approval to transport an individual out of their home community and the State Travel Office should approve these urgent and/or chronic care requests with an automatic retroactive review once the urgent care has been resolved.

*Recommendation.* First Health, the State Travel Office, Community Health Aides and department staff should meet regularly to discuss issues and find resolutions to the issues presented. These meetings should also include trainings around job duties and requirements. It is further recommended that the meeting occur in a rural/remote community.