

Compilation of Tribal Comments on Licensed Marriage and Family Therapists/OLP Benefit

Number	Source	Comment	State Response
1	ANHB	At our in-person consultation on December 13, 2019, the Department noted that the proposed addition of LMFTs would be submitted to the Centers for Medicare and Medicaid Services (CMS) as an adjustment to the proposed SPA already under consideration with CMS that adds licensed clinical social workers (LCSWs) and psychologists under the other licensed practitioners benefit.	Thank you for your comments regarding the proposed SPA adding licensed marriage and family therapists (LMFTs) to the Medicaid state plan under the other licensed practitioner benefit. As you know, the state responded to the ANHB letter with an email clarifying the information contained in this comment. <u>Regarding this issue:</u> The state is not submitting the LMFT SPA as an addendum to the psychologist/LCSW SPA. The SPA revisions discussed in the meeting are as follows: a. The state is amending the psychologist/LCSW - Other Licensed Practitioner SPA (AK-19-0008) to include a reimbursement section 4.19-B reflecting reimbursement under a fee schedule b. The LMFT SPA will be submitted after January 7th and will include revisions to the language included in (pending) SPA AK-19-0008, as shown on the agenda, and reimbursement language in section 4.19-B mirroring the language in the psychologist/LCSW SPA.
2	ANHB	Our comments here also parallel the requests we made during the consultation conducted over the summer on that proposed SPA: we request this SPA be revised (or a companion SPA be created) to add LMFTs, LCSWs, psychologists, licensed professional counselors (LPCs), and other qualified behavioral health clinicians to the list of eligible providers in Tribal Clinics for Tribal Clinic Services.	As discussed during the in-person meeting, the addition of providers to the list of those included in tribal clinic reimbursement (4.19-C) is outside the scope of this consultation. This consultation involves the addition of LMFTs as independent practitioners (4.19-B) and does not contemplate a change to clinic services.
3	ANHB	From our discussion at in-person tribal consultation, we understand that the Department believes our request would require an amendment to the Tribal Clinics reimbursement section of the Plan (4.19-C Tribal Clinic Services) and an estimate of the resulting fiscal impact to the State and federal governments. Even if our request could be achieved through modifying the currently proposed SPA, the Department believes this would slow the process, and we understand it is not willing to delay implementing the legislative directive to otherwise cover the behavioral health clinicians' services. However, the Department agreed to seriously and expeditiously review our request and work with us to identify a path to Medicaid coverage of integrated behavioral health services in tribal clinics.	As you know, the state responded to the ANHB letter with an email clarifying the information contained in this comment. <u>Regarding this issue:</u> The state agrees with tribal health organizations regarding the benefits of moving toward a system of integrated care. However, as articulated during the meeting, the state maintains that the tribal request is outside of the scope of this consultation. Given these facts the state agreed to enter into discussions outside of this consultation with THOs regarding their request, but given the upcoming legislative session and the people required, did not commit to an "expeditious" timeline.

Compilation of Tribal Comments on Licensed Marriage and Family Therapists/OLP Benefit

4	ANHB	<p>A solution we discussed, and agreed to diligently investigate together, is the option for Tribal clinics to elect to be designated as Tribal FQHCs, with the State amending its State Plan to reimburse such FQHCs at the encounter rate. Because the services of behavioral health clinicians are covered under the Medicaid FQHC benefit, this would allow behavioral health and medical health services to be integrated in tribal clinics and to be reimbursed at the encounter rate.</p> <p>Changing to an FQHC designation also has the potential to resolve the “four walls” limitation on clinic services, which CMS says precludes encounter rate payment for services provided outside the clinic facility, and which CMS announced it will begin enforcing after January 30, 2021. As you know, CMS suggested Tribal FQHC designation as a solution to the four walls problem, because federal Medicaid law allows FQHC services to be furnished in any community location. However, it is not yet clear whether that would be a successful strategy in Alaska since, ironically and among other things, Alaska has imposed its own four-walls restriction on FQHC services. Further, the Department explained there are many steps it would need to take before it could agree to and implement the Tribal FQHC option.</p>	<p>The state agrees to work with the tribal health organizations, in the absence of clear written guidance from CMS, to investigate the mechanism for - and implications of - tribal clinics transitioning to tribal FQHCs, to remedy the four walls issue as suggested by CMS in late 2016.</p>
5	ANHB	<p>As a first step, the Department agreed to provide a realistic timeline, in the next several weeks, of the specific tasks that would be needed to achieve integration by either adding behavioral health clinicians under the tribal clinic benefit or adopting a Tribal FQHC option. Identifying the tasks and timeline are important in light of the January 30, 2021 deadline that CMS has imposed States and tribal clinics to come into compliance with the “clinic services” requirements by converting to a Tribal FQHC or changing their enrollment status to FQHC before that date.</p> <p>For its part, the ATHS agreed to further analyze the advantages, disadvantages, and any obstacles in the way of the Tribal FQHC option.</p>	<p>The state (via HCS) committed to providing the THOs (as soon as possible) with a reverse-engineered timeline that would establish deadlines for decisions/actions regarding tribal clinics changing enrollment to T-FQHC. Additionally, the state agreed that due to the (federally imposed) January 2021 deadline, conversations regarding this issue should move forward swiftly.</p>

Compilation of Tribal Comments on Licensed Marriage and Family Therapists/OLP Benefit

6	ANTHC	<p>ANTHC supports the addition of this reimbursement provision to the state plan although we recommend that the reimbursement for these services be made at the federal Indian Health Service (IHS) encounter rate and not under the state fee-for-service schedule. This recommendation is consistent with state and federal Medicaid reimbursement policy.</p>	
7	ANTHC	<p>It is also important to note that the State agreed to continue the tribal consultation process to explore options to integrate the delivery of medical and behavioral health services in tribal clinics. We discussed the benefits of integrating LMFTs, LCSWs, psychologists, LPCs, and other professional behavioral health clinicians, and to reimburse those services as “encounters” at the Tribal Clinic encounter rate.</p>	<p>As noted in the state response to question # 3, the state agrees as to the importance of continuing conversations regarding the integration of primary care/medical care and behavioral health services. However, this conversation is outside the scope of the LMFT SPA consultation.</p>
8	ANTHC	<p>This was a priority and a recommendation during the “2016 Tribal Medicaid Reform” meetings. The State agreed and acknowledged the benefits of moving toward a system of integrated care. However, at the time the State requested the AHS to postpone working on this proposal, because the State explained it would be better suited to include in the development of the 1115 behavioral health waiver. Unfortunately, despite the agreement and commitment made during the Tribal Medicaid Reform work, the outcome of supporting integrated care within the AHS was not realized in the final waiver. ANTHC urges the Department to find a way to address this issue in the current SPA—or in a companion SPA(s)—to be submitted as soon as possible.</p>	<p>As discussed during the in-person meeting, the addition of provider to the list of those included in tribal clinic reimbursement (4.19-C) is outside the scope of this consultation. This consultation involves the addition of LMFTs as independent practitioners (4.19-B) and does not contemplate a change to clinic services.</p>

ANHB Alaska Native Health Board
 ANTHC Alaska Native Tribal Health Consortium