

<u>SENT VIA EMAIL</u>: <u>courtney.king@alaska.gov</u>

December 26, 2019

Courtney O'Byrne King State Plan Coordinator and Legislative Liaison Division of Health Care Services Alaska Department of Health & Social Services 4501 Business Park Blvd., Bldg. L Anchorage, Alaska 99503-7167

REF: Proposed SPA to add reimbursement for Licensed Marriage and Family Therapists under the Other Licensed Practitioners benefit

Dear Ms. King,

The Alaska Native Tribal Health Consortium (ANTHC) is a statewide tribal health organization that serves all 229 tribes and more than 173,000 Alaska Native and American Indian (AN/AI) individuals in Alaska. ANTHC and Southcentral Foundation co-manage the Alaska Native Medical Center, 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.

I am writing in follow-up to the tribal consultation held on December 13, 2019, in which the State discussed amending the Other Licensed Practitioner (OLP) section of the State Plan (section 4.19-B) to include reimbursement of Licensed Marriage and Family Therapist (LMFT) under a fee schedule. 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.

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.

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

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integrated care. However, at the time the State requested the ATHS 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 ATHS 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.

We thank you for the opportunity to provide our comment and recommendations on the proposed State Plan Amendment. If you should have any questions concerning our recommendations, please do not hesitate to contact me at (907) 729-1908, or gmoses@anthc.org.

Sincerely,

Gerald Moses, Vice President Intergovernmental Affairs

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