

ALASKA STATE LEGISLATURE

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Session:
State Capitol, Room 115
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Senator David Wilson

Madam Chair, Senator MacKinnon,

March 5, 2018

In the Senate Finance Committee hearing on February 27th, questions were raised by committee members regarding SB 105 – “MARITAL & FAMILY THERAPY LIC. & SERVICES.”

We have researched and discussed the questions with the Marital and Family Therapy Board and its members, the Director of Behavioral Health Services, Mr. Randall Burns, and other private practice Marital and Family Therapists.

Our apologies for not getting the answers to you sooner. However, we wanted to hear from the Marital and Family Therapy Board to confirm the information and receive a unified response from the board as a committee, since board members are limited in their responses as individuals.

The questions and answers are shown below:

Questions:

- How much time does it takes for an associate Marital & Family Therapist to obtain a license?
 - For an Associate Marital and Family Therapist, it normally takes around two years, with a maximum of four years to complete the training and any associated requirements.
- How much time does it takes to get licensed and qualified to be a supervisor of an Associate Marital and Family Therapist?
 - In order to qualify, a Marital & Family Therapist must:
 - Have practiced marital & family therapy for five years;
 - Be licensed under this chapter (AS 08.63.120); and,
 - Meet the minimum standards established by the board for approved supervisors.
- At what stage does an associate Marital and Family Therapist need liability insurance?
 - Professional liability Insurance to cover a state investigation is not currently available as originally envisioned. A national company does offer professional liability insurance. However, the professional liability insurance coverage would only reimburse the licensee for their investigative costs and not the state's investigative costs. The idea of professional liability insurance to pay for state investigations was an attempt to keep downward pressure on the state's investigative costs, so that the costs wouldn't be

allocated amongst current licensees and result in an increase in their existing license fee structure.

- ***Note: The Marital and Family Therapy Board initially thought professional liability insurance would be available, but after further research, it was recently discovered that it would not achieve the original objective as envisioned.***

Based on the recently discovered lack of professional liability insurance coverage for a state investigation, Senator Wilson would encourage an amendment to SB 105 to remove the language currently reflected on page 2, lines 29 – 31.

- Can behavioral health services be provided via telemedicine?
 - If SB105 were to pass, both an independent licensed provider (i.e., Licensed Marital and Family Therapist) and the licensed professionals working in a Mental Health Physician Clinic may conduct and bill Medicaid for services provided via telemedicine. But, SB105 does not specifically cover those issues.

If you have any questions or need any additional information, please contact me at 465-4711. Thank you!

Sincerely,

A handwritten signature in blue ink that reads "David Wilson". The signature is fluid and cursive, with "David" on the top line and "Wilson" on the bottom line.

David Wilson

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Senator David Wilson

Madam Chair, Senator MacKinnon,

March 7, 2018

In the Senate Finance Committee hearing on February 27th, a question was raised by a committee member regarding SB 105 – “MARITAL & FAMILY THERAPY LIC. & SERVICES.”

Specifically, the question was asked, is there is a cap on Medicaid services related to behavioral health services? We reached out to the Department of Health and Social Services to answer this question. The department's reply is shown below.

“The Department generally doesn’t have dollar limits on services, but we do require prior authorization to approve some services in excess of a basic limit on units of service.

The exception is that, under 7 AAC 110.145, there is a dollar limit placed on certain preventive dental services and dentures for adults (\$1150/year), with an individual allowed to use two years of services in one year to purchase both an upper and lower denture. There are no dollar limits for dental treatment related to acute pain and infection.

We don’t use dollar limits for behavioral health services. Behavioral Health Medicaid rates do set annual limits on some services, but – by regulation – providers are allowed to seek service hours above the annual set limits by submitting requests for authorization to exceed the service limits established in the annual rates. In such instances, as long as the provider is able to substantiate the *medical necessity* of any additional hours above the service limits, the division will approve those additional hours.

If you have any questions or need any additional information, please contact me at 465-4711. Thank you!

Sincerely,

A handwritten signature in blue ink that reads "David Wilson".

David Wilson