



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Health

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March 13, 2023

The Honorable David Wilson
Senate HSS Finance Subcommittee Chair
Alaska State Legislature
State Capitol Room 121
Juneau, AK 99801

Dear Senator Wilson:

The Department of Health received the following questions from the Division of Behavioral Health presentation at the Senate Health and Social Services Finance Subcommittee meeting on March 6, 2023:

What are the sections of SB74 that are not implemented?

As mentioned during the Senate Health Finance Subcommittee, Senate Bill 74 required the Division of Behavioral Health to do the following: (1) apply for an 1115 Behavioral Health Demonstration Waiver (1115 Waiver), (2) contract with an administrative services organization, (3) remove the grant requirement for agencies to bill Medicaid, and (4) onboard additional providers to expand the continuum of care. The sections of SB74 that are under the purview of the division have been implemented. The division continues to assess opportunities for onboarding additional provider types under the 1115 Waiver.

What is the current status of the LMFT/LPC regulations?

The Division of Health Care Services oversees payment and regulatory authority for Federally Qualified Health Centers (FQHC) in the Alaska Medicaid program. Health Care Services publicly noticed regulations on August 15, 2022, for Medicaid Coverage and Payment for Federally Qualified Health Center (FQHC) Licensed Marital and Family Therapist (LMFT) and Licensed Professional Counselor (LPC) services.

The regulation project was filed with the Lieutenant Governor's office on Friday, March 10, 2023. They will go in effect in 30 days.

A separate regulation package through the Division of Behavioral Health to implement Senate Bill 134 and Senate Bill 105 was made permanent on August 27, 2021.

How can the legislature help move regulations faster?

The Division of Behavioral Health works within the regulation adoption process which is governed by the Alaska Administrative Procedure Act (AS 44.62). A critically important part of this process involves stakeholder engagement and the opportunity for meaningful public input. Often, prior to release for public comment, public hearings and stakeholder meetings are held. Public comments must receive careful review and response and may result in substantive changes to the regulations, which requires an additional notice and public comment period. The regulatory process also includes multiple legal reviews and approvals and final sign off from the Lieutenant Governor's Office.

The Division of Behavioral Health does not have feedback for how the Legislature can help move regulations faster; however, the division will continue to work within the regulatory process to identify areas that can be more efficient. This includes working with other divisions to combine regulatory packages, as needed, if those regulations impact the same provider groups.

Can you make a version of Slide 9 (referring to SDS's presentation) for DBH?

Home and Community Based Services Waiver programs operate differently than the 1115 Behavioral Health Medicaid Waiver (1115 Waiver). The biggest difference is that Home and Community Based Services waivers are targeted programs which are offered to individuals who meet an institutional level of care. Home and Community Based Services waivers give individuals the option of receiving care in the home or community instead of within an institution. The Division of Senior and Disability Services administers these waivers for the department.

In contrast, the 1115 Waiver is focused on programmatic and systematic changes to the behavioral health continuum care through allowable Medicaid billable behavioral health services. Although, there may be overlap in the population that utilizes a Home and Community Based Services Waiver and 1115 Waiver billable behavioral health services, each waiver has a different focus and both are different in the way that they are operationalized.

While the information in the table below is not a direct comparison between Senior and Disabilities Services Home and Community Based Services Waiver programs and the 1115 Waiver, it does show behavioral health Medicaid expenditures by the sum of claims paid amount, the number of distinct clients served, and the average cost per person.

The information pulled for the table below is from SFY2022.

Service Array	Sum of Claims Paid Amount	# Of Distinct Clients Served	Average Cost Per Person
1115 MH	\$90,930,407.95	8,002	\$11,363.46
1115 SUD	\$64,993,895.73	4,979	\$13,053.60
SPS	\$95,717,475.31	22,105	\$4,330.13
Total	\$251,641,778.99	23,269*	\$10,814.46*

* To Note: The total number of distinct clients served and the total average cost per person amounts are the deduplicated totals, meaning that clients who were served by more than one service array are only counted once for the total number in each column.

We have grants, State Plan, 1115 waiver but there's also contracts that you make with certain providers for certain demonstration projects for various federal programs that the state would like to implement. We also have demonstration projects with certain agreements. Do individuals with contract agreements get around the Medicaid requirements for providers? Do we contract out provider services?

Any provider that is billing Medicaid, regardless of whether the provider receives a separate grant or contract, is subject to the same state and federal regulations and the necessary compliance requirements for billing Medicaid services.

Below is a list of FY2023 treatment and recovery contracts administered through the Division of Behavioral Health.

FY23 Contracts	Project Description
Peer Support Supervision Training	Peer Support Supervision Training
Seattle Children's Hospital	PAL-PAK (Partnership Access Line - Pediatric Alaska)
First Episode Psychosis (FEP) Training and Technical Assistance	FEP Training and Technical assistance
Alaska Commission for Behavioral Health Certification (ACBHC)	Chemical Dependency Professionals Certification
Agnew::Beck	Grant & Workgroup Support - Alaska Partnership Project
Alaska Behavioral Health Association (ABHA)	Support to DBH Medicaid and Grantee Programs
Partners for Progress	Anti-Recidivism Services
Case Western Reserve University	1115 Waiver Assertive Community Treatment Fidelity Review Training
Anchorage Community Mental Health Services, Inc.	Annual Advanced Trauma Training Institute
Peer Support Specialist Certification	Peer Support Specialist Certification Body
Advocates for Human Potential, Inc.	Training and Technical Assistance for PATH PDX
Agnew::Beck	Matrix Model Training
Children's Behavioral Health Screening Tool	Children's behavioral health screening tool
Regional Alcohol and Drug Abuse Counselor Training (RADACT)	Training for Chemical Dependency Counsellor Professionals
Stars Behavioral Health Group	Transition aged youth peer support service training and technical assistance
Peer Support Training	40-hour Introductory Peer Support Worker Trainings
Substance Use Disorder (SUD) Behavioral Health Training Conference	SUD Behavioral Health Training Conference

The use of the Permanent Fund Dividend – did we use the full amount?

The amount that the Department of Health receives from the Restorative Justice Account is based on a statutory formula through AS 43.23.048(b) and is allocated by the Office of Management and Budget based on a total amount determined by the Department of Revenue. The energy rebate was a deposit into the dividend fund to be paid as part of the Permanent Fund Dividend under the same Permanent Fund Dividend statutes.

What is the Marijuana Education and Treatment tax funding being used for?

As stated in AS 43.61.010¹, the Marijuana Education and Treatment program was established in the general fund for the comprehensive marijuana use education and treatment program established under AS 44.29.020(a)(17)².

The Division of Public Health also receives a portion of Marijuana Education and Treatment funding for afterschool programs and the marijuana education program that provides resources to support school districts to deliver targeted trauma-engaged prevention activities to at-risk students to improve behavioral health issues.

The Division of Behavioral Health utilizes Marijuana Education and Treatment funding to assist provider statewide with peer support and community behavioral health treatment and recovery outpatient treatment. All of the agencies below either work with youth or provide treatment and recovery services as outlined under AS 44.29.020(a)(17).

Agency	Program	Sub Program Name
Alaska Youth and Family Network	CBHTR-Peer Support	CBHTR- Peer Support
Cook Inlet Tribal Council, Inc.	CBHTR- Outpatient	CBHTR- Outpatient
Denali Family Services	CBHTR- Outpatient	CBHTR- Outpatient
Providence Health & Services - Washington DBA Crisis Recovery Center	CBHTR- Outpatient	CBHTR- Outpatient
Peninsula Community Health Services of Alaska	CBHTR- Outpatient	CBHTR- Outpatient
Set Free Alaska, Inc.	CBHTR- Outpatient	CBHTR- Outpatient
Mat-Su Health Services, Inc.	CBHTR- Outpatient	CBHTR- Outpatient
Norton Sound Health Corporation	CBHTR- Outpatient	CBHTR- Outpatient
Aleutian Pribilof Islands Association Inc.	CBHTR- Outpatient	CBHTR- Outpatient
Kodiak Area Native Association	CBHTR- Outpatient	CBHTR- Outpatient
Providence Health & Services -Washington DBA Kodiak	CBHTR- Outpatient	CBHTR- Outpatient

¹ <https://www.akleg.gov/basis/statutes.asp#43.61.010>

² <https://www.akleg.gov/basis/statutes.asp#44.29.020>

Please provide clarification around prevention and early intervention grants. Why does it include the Alcohol Safety Action Program?

Within the Division of Behavioral Health, different programs are grouped into organizational sections. The Alcohol Safety Action Program (ASAP) has been housed under the Prevention and Early Intervention section for many years.

ASAP provides substance abuse screening, case management, and accountability for driving while intoxicated (DWI) and other alcohol/drug related misdemeanor cases. Individuals in the ASAP program may also be required to receive education and/or treatment as a way to intervene earlier in the criminal justice process for individuals convicted of a crime that appears linked to a substance misuse issue that can be addressed through treatment.

ASAP also works with participants who are assessed using the American Society of Addiction Medicine criteria at an American Society of Addiction Medicine level 0.5 Early Intervention. ASAP participants assessed at this level are referred to the lowest level of care and often receive educational interventions to prevent escalation to a higher level of care and further criminal justice involvement.

Can I get a 10 year look back on Division of Behavioral Health grant funding?

As requested, below is a 10 year look back on Division of Behavioral Health grant funding budgets.

Treatment and Recovery Grants

	Management Plan Budgets						
	BHTRG	RCC	Grants	PES	SSMI	SSEDY	T&R Grants
FY2014		4,523.8	31,624.2	6,047.9	19,014.2	14,128.1	75,338.2
FY2015		4,299.8	29,160.0	6,312.1	19,143.9	14,170.2	73,086.0
FY2016	65,576.8	4,299.8					69,876.6
FY2017	66,897.2	3,599.8					70,497.0
FY2018	64,727.3	3,218.0					67,945.3
FY2019	61,765.9	3,218.0					64,983.9
FY2020	51,769.5	3,218.0					54,987.5
FY2021	47,431.2	3,236.0					50,667.2
FY2022	46,250.3	3,153.1					49,403.4
FY2023	47,213.3	3,153.1					50,366.4

BHTRG – Behavioral Health Treatment Recovery Grants; RCC – Residential Child Care ; *PES – Psychiatric Emergency Services; *SSMI – Services to the Seriously Mentally Ill; *SSEDY – Services for Severely Emotionally Disturbed Youth; T&R Grants – Treatment and Recovery Grants

* No longer a separate component/allocation within the Division of Behavioral Health budget

Prevention and Early Intervention Grants

	Management Plan Budgets					
	BHPEIG	ASAP	AK FASD	CAPIG	RSSP	PEIG
FY2014		1,593.9	1,301.5	6,418.0	2,450.2	11,763.6
FY2015		1,600.4	1,010.5	4,828.8	2,973.9	10,413.6
FY2016	8,813.2	1,600.4				10,413.6
FY2017	8,813.2	1,600.4				10,413.6
FY2018	8,926.9	1,880.4				10,807.3
FY2019	8,695.3	1,803.9				10,499.2
FY2020	8,695.3	1,803.9				10,499.2
FY2021	8,345.3	1,803.9				10,149.2
FY2022	16,089.3	1,603.9				17,693.2
FY2023	13,149.4	1,603.9				14,753.3

BHPEIG – Behavioral Health Prevention and Early Intervention Grants; ASAP – Alcohol Safety Action Program ; *AK FASD – Alaska Fetal Alcohol Syndrome Program; *CAPIG – Community Action Prevention & Intervention Grants; *RSSP – Rural Services and Suicide Prevention; PEIG – Prevention and Early Intervention Grants

* No longer a separate component/allocation within the Division of Behavioral Health budget

Total Grants

	Total Grants
FY2014	87,101.8
FY2015	83,499.6
FY2016	80,290.2
FY2017	80,910.6
FY2018	78,752.6
FY2019	75,483.1
FY2020	65,486.7
FY2021	60,816.4
FY2022	67,096.6
FY2023	65,119.7

Are there places we should be investing in to assist with preventive care? What would we invest in to help save money on chronic conditions?

The Division of Behavioral Health works closely with the Division of Public Health to ensure that integrated care – both the primary and behavioral health needs of Alaskans – is a focus area for the initiatives and programs within the division. Healthy Alaskans 2030³ is the state health improvement plan that provides a roadmap for how the state can improve on the most significant health issues at the community, organizational, individual, and family level.

³ <https://www.healthyalaskans.org/>

The Healthy Alaskans 2020⁴ scorecard provides data – specifically leading health indicators – on health priority areas that still need improvement. Addressing suicide and alcohol-induced mortality rates through prevention and early intervention programming continues to be a focus area for the Division of Behavioral Health.

In FY2023/FY2024, several American Rescue Plan Act (ARPA) grants are either in the process of (for FY2023) or will be used (in FY2024) to prevent underage drinking and substance use (Youth 360) and for youth/young adult suicide prevention (media campaign, zero suicide implementation, and suicidal ideation training for behavioral health providers).

If you have additional questions, please contact me at 907-465-1630.

Sincerely,



Josephine Stern
Assistant Commissioner

cc: Valerie Rose, Fiscal Analyst, Legislative Finance
Laura Stidolph, Legislative Director, Office of the Governor
Torrey Jacobson, Office of Management and Budget
Heidi Hedberg, Commissioner
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⁴ <https://www.healthyalaskans.org/data/scorecard/>