

SB

118

<TARGET><BILL>SB 118</BILL><SUBJECT>SB
118</SUBJECT><COMM>SHSS27</COMM></TARGET>

Alaska State Legislature

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Senator Bettye Davis@legis.state.ak.us
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Senator Bettye Davis

SPONSOR STATEMENT

SENATE BILL 118-"An Act providing medical assistance reimbursement for the services of licensed marital and family therapists."

SB118 adds counseling services provided by a licensed marital and family therapist to the list of optional services covered by the medical assistance program in the state.

Currently, licensed marriage and family therapists are only allowed to provide Medicaid services in community mental health clinics or physician mental health clinics. Including licensed marital family therapists to the provider list of independent licensed practitioners avails more licensed behavioral health professionals to help address the shortage of Medicaid eligible mental health providers in the state.

FISCAL NOTE

STATE OF ALASKA
2012 LEGISLATIVE SESSION

cost # codes

Bill Version SB118
 Fiscal Note Number _____
 Publish Date _____

Identifier (file name) SB118-DHSS-BHA-12-16-11 Dept. Affected Health and Social Services
 Title Medicaid Reimbursement for Family Therapy Appropriation Behavioral Health
 Allocation Behavioral Health Administration
 Sponsor Sen. Davis
 Requester Senate HSS Committee OMB Component Number 2665

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

	FY13 Appropriation Requested	Included in Governor's FY13 Request	Out-Year Cost Estimates				
			FY14	FY15	FY16	FY17	FY18
OPERATING EXPENDITURES	FY13	FY13	FY14	FY15	FY16	FY17	FY18
Personal Services							
Travel	24.0		20.0	20.0			
Services	100.0		100.0	100.0			
Commodities							
Capital Outlay							
Grants, Benefits							
Miscellaneous							
TOTAL OPERATING	124.0	0.0	120.0	120.0	0.0	0.0	0.0

FUND SOURCE		(Thousands of Dollars)					
1002	Federal Receipts	62.0		60.0	60.0		
1003	GF Match	62.0		60.0	60.0		
1004	GF						
1005	GF/Prgm (DGF)						
1037	GF/MH (UGF)						
1178	temp code (UGF)						
TOTAL		124.0	0.0	120.0	120.0	0.0	0.0

POSITIONS							
Full-time							
Part-time							
Temporary							

CHANGE IN REVENUES							

Estimated **SUPPLEMENTAL (FY12) operating costs** 0.0 (separate supplemental appropriation required;
 (discuss reasons and fund source(s) in analysis section)

Estimated **CAPITAL (FY13) costs** 0.0 (separate capital appropriation required)
 (discuss reasons and fund source(s) in analysis section)

Why this fiscal note differs from previous version (if initial version, please note as such)

No change.

Prepared by Melissa W. Stone
 Division Behavioral Health
 Approved by Nancy Rolfzen, Assistant Commissioner
DHSS Finance & Management Services

Phone 269-3410
 Date/Time 11/17/11 5:00 PM
 Date 12/16/2011

FISCAL NOTE

STATE OF ALASKA
2012 LEGISLATIVE SESSION

BILL NO. SB118

Analysis

If enacted, this bill would amend AS 47.07.030(b) to include Licensed Marriage and Family Therapists (LMFT) as providers eligible to render and bill for Medicaid funded services as independent practitioners.

Assumptions and Cost Analysis

Whenever a program expansion or redesign occurs the State must assign staff to oversee the program design, development, and implementation, and to maintain on-going operations. Initial efforts involved are primarily directed at training new Medicaid eligible providers regarding the billing and documentation requirements for proper Medicaid claiming.

No additional salary is requested. Behavioral Health staff will provide coordination, support, and oversight as part of their normal and usual duties.

Travel

It is expected that additional travel will be required to meet the goals of this project. Travel will be required for training purposes and for oversight of provider billing processes until the group becomes comfortable with the program requirements. Inadequate training of new providers often results in denied claims or audit exceptions requiring repayment of federal funds.

Year One: A planning team will hold at least two, 2-day meetings in Anchorage to talk about the needs and expectations for the project, review existing training modules, and begin formulating initial ideas and strategies. The second meeting will provide an opportunity to make final recommendations and training strategies.
\$4,000

Year One through Three: Additional travel costs are expected to be incurred for the training phases of this project. Six on-site trainings throughout Alaska are assumed per year.
\$20,000

Training - Year one through Three:

Funding will support technical assistance and training from contractors. Duties would include: activities related to the design, planning, and implementation of the program; developing a comprehensive plan for related provider training; developing and conducting evaluations to assess effectiveness of project initiatives; and, developing program, policy or system changes to improve overall program performance. The contract will cover travel costs for the trainers.
\$100,000

50% FMAP is assumed.

FISCAL NOTE

STATE OF ALASKA
2012 LEGISLATIVE SESSION

cost # codes

Bill Version

SB118

Fiscal Note Number

Publish Date

Identifier (file name) SB118-DHSS-MS-12-16-11

Dept. Affected Health and Social Services

Title Medicaid Reimbursement for Family Therapy

Appropriation Medicaid Services

Allocation Behavioral Health

Sponsor Sen. Davis

Requester Senate HSS Committee

OMB Component Number 2660

Expenditures/Revenues

(Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

	FY13 Appropriation Requested	Included in Governor's FY13 Request	Out-Year Cost Estimates					
			FY14	FY15	FY16	FY17	FY18	
OPERATING EXPENDITURES	FY13	FY13						
Personal Services								
Travel								
Services								
Commodities								
Capital Outlay								
Grants, Benefits	4,650.0		4,650.0	4,650.0	4,650.0	4,650.0	4,650.0	4,650.0
Miscellaneous								
TOTAL OPERATING	4,650.0	0.0	4,650.0	4,650.0	4,650.0	4,650.0	4,650.0	4,650.0

FUND SOURCE

(Thousands of Dollars)

	FY13	FY13	FY14	FY15	FY16	FY17	FY18
1002 Federal Receipts	2,325.0		2,325.0	2,325.0	2,325.0	2,325.0	2,325.0
1003 GF Match							
1004 GF							
1005 GF/Prgm (DGF)							
1037 GF/MH (UGF)	2,325.0		2,325.0	2,325.0	2,325.0	2,325.0	2,325.0
1178 temp code (UGF)							
TOTAL	4,650.0	0.0	4,650.0	4,650.0	4,650.0	4,650.0	4,650.0

POSITIONS

	FY13	FY13	FY14	FY15	FY16	FY17	FY18
Full-time							
Part-time							
Temporary							

CHANGE IN REVENUES

Estimated SUPPLEMENTAL (FY12) operating costs 0.0 (separate supplemental appropriation required;
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY13) costs 0.0 (separate capital appropriation required)
(discuss reasons and fund source(s) in analysis section)

Why this fiscal note differs from previous version (if initial version, please note as such)

No change.

Prepared by Kimberlie Poppe-Smart, Deputy Commissioner
Division Health Care Services

Approved by Nancy Rolfzen, Assistant Commissioer
DHSS Finance and Management Services

Phone 307-334-2520
Date/Time 12/16/11 5:00 PM
Date 12/16/2011

FISCAL NOTE

STATE OF ALASKA
2012 LEGISLATIVE SESSION

BILL NO. SB118

Analysis

If enacted, this bill would amend AS 47.07.030(b) to include Licensed Marriage and Family Therapists (LMFT) as providers eligible to render and bill for Medicaid funded services as independent practitioners.

Independent licensed practitioners currently eligible by Statute to provide behavioral health services and directly bill Medicaid are:

- Physicians and advanced nurse practitioners - current regulations mandate that all services must be provided directly by the licensed professional
- PhD psychologists - services limited to testing and assessment services based on appropriate referrals
- Licensed clinical social workers (LCSW) - although included in Statute since 1991, funding has never been authorized; currently not a State Plan service

Clinic providers approved to provide behavioral health services and bill Medicaid are:

- Community mental health centers (CMHC) - must be approved grantees of the Division of Behavioral Health
- Physician mental health clinics - require the supervision of an on-site psychiatrist
- Rural health clinics and federally qualified health centers (FQHC) - allowed to bill for services provided by the federally mandated professionals: physicians, nurse practitioners, physician assistants, PhD psychologists, and LCSWs.
- Designated tribal outpatient clinics - limited to services provided directly by physicians, nurse practitioners and physician assistants.

Licensed Marriage and Family Therapists are allowed to provide Medicaid services only in Community Mental Health Clinics or Physician Mental Health Clinics.

Assumptions and Cost Analysis:

- DBH has established a prevalence rate of 25% of the population that has a need for a behavioral health service under the current "medical necessity" definition.
- In FY2010 approximately 120,000 individuals were eligible for Medicaid and approximately 23,000 Medicaid recipients received at least one behavioral health service.
- Based on the prevalence rate, about 30,000 Medicaid clients (25% of 120,000) are actually in need of behavioral health services which indicates approximately 7,000 recipients (30,000 less 23,000) have an unmet need.
- Based on current CMHS rates, the cost would be approximately \$1,000 per client per year.
- There are currently 93 Licensed Marriage & Family Therapists. If all 93 licensed LMFTs enrolled and increased their case load to serve 50 clients per year, they would serve 4,650 clients (93 x 50). At a rate of \$1000 per recipient the increase in program costs would be \$4,650,000 annually.

FISCAL NOTE

STATE OF ALASKA
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 Title Medicaid Reimbursement for Family Therapy Appropriation Health Care Services
 Allocation Medical Assistance Administration
 Sponsor Sen. Davis
 Requester Senate HSS Committee OMB Component Number 242

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

	FY13 Appropriation Requested	Included in Governor's FY13 Request	Out-Year Cost Estimates				
			FY14	FY15	FY16	FY17	FY18
OPERATING EXPENDITURES	FY13	FY13					
Personal Services							
Travel							
Services	275.0						
Commodities							
Capital Outlay							
Grants, Benefits							
Miscellaneous							
TOTAL OPERATING	275.0	0.0	0.0	0.0	0.0	0.0	0.0

FUND SOURCE		(Thousands of Dollars)						
1002	Federal Receipts	206.2						
1003	GF Match	68.8						
1004	GF							
1005	GF/Prgm (DGF)							
1037	GF/MH (UGF)							
1178	temp code (UGF)							
TOTAL		275.0	0.0	0.0	0.0	0.0	0.0	

POSITIONS							
Full-time							
Part-time							
Temporary							

CHANGE IN REVENUES							

Estimated SUPPLEMENTAL (FY12) operating costs 0.0 (separate supplemental appropriation required)
 (discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY13) costs 0.0 (separate capital appropriation required)
 (discuss reasons and fund source(s) in analysis section)

Why this fiscal note differs from previous version (if initial version, please note as such)

Updated fiscal note to reflect current fiscal year.

Prepared by Kim Poppe-Smart, Deputy Commissioner
 Division Health Care Services
 Approved by Nancy Rolfzen, Assistant Commissioner
DHSS Finance & Management Services

Phone 269-7827
 Date/Time 12/1/11 12:00 AM
 Date 12/16/2011

FISCAL NOTE

STATE OF ALASKA
2012 LEGISLATIVE SESSION

BILL NO. SB118

Analysis

The Division of Health Care Services projects a one time only cost of \$275.0 to cover programming costs in the legacy Medicaid Management Information System (MMIS) associated with providing medical assistance reimbursement for the services of licensed marital and family therapists. The division plans to use programming staff of Affiliated Computer Services (ACS), the current State of Alaska MMIS Medicaid contractor responsible for the disbursement of Medicaid payments. The programming staff of ACS have extensive experience making programming adjustments to the legacy MMIS.



**American Association for
Marriage and Family Therapy**

Advancing the Professional Interests
of Marriage and Family Therapists

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Medicare Coverage of Marriage and Family Therapists

Issue

Improving access to Medicare-covered mental health benefits by recognizing state licensed Marriage and Family Therapists.

Background

In order for a mental health service to be covered by Medicare, the service must be for the diagnosis and treatment of mental illness. In addition, the mental health service must be delivered by a "covered" practitioner who is legally authorized to perform that service under state law. The covered mental health professionals recognized by Medicare presently include psychiatrists, psychologists, mental health clinical nurse specialists and Clinical Social Workers (CSWs). Marriage and Family Therapists (MFTs) are not listed as Medicare-covered providers despite the fact that MFTs have education, training and practice rights equivalent to or greater than existing covered providers.

Several recent reports have indicated that limited access to mental health services is a serious problem in the Medicare program. This is particularly true in rural areas, which have historically had difficulty attracting and retaining health professionals. According to a recent Surgeon General's report, 37% of seniors display symptoms of depression in a primary care environment. Equally striking is that fact that this depression often goes unrecognized and therefore untreated. The failure to treat depression often leads to more primary care visits and higher Medicare expenditures. The unavailability of qualified mental health professionals compounds the mental health crisis among the elderly population and increases the costs to the program.

Currently, the federal government recognizes five mental health disciplines as core mental health professionals. These are psychiatrists, psychologists, mental health clinical nurse specialists, clinical social workers and marriage and family therapists. Of these five groups, only marriage and family therapists are not recognized by Medicare.

The cost of adding MFTs to Medicare is modest. According to the Congressional Budget Office (CBO), the cost of adding both MFTs and Licensed Professional Counselors (LPCs) to the Medicare program would be 18 million dollars per year. Assuming generously that MFTs account for half those costs, the total outlay will still be a nominal 9 million dollars per year for recognition of MFTs in Medicare.

The U.S. Senate has twice approved legislation recognizing MFTs under Medicare, in 2003 (S. 1) and 2005 (S. 1932). Further, there is bipartisan legislation in the House and Senate to expand Medicare to include MFTs as covered mental health professionals.

Discussion

MFTs are legally authorized through state licensing laws to treat mental illness. MFTs are required to obtain a master's degree in a mental health discipline and two years post-graduate supervised clinical experience, much like existing covered mental health providers, such as clinical social workers. This legislation will not change the mental health benefit or modify the MFT scope of practice, but will merely allow Medicare beneficiaries who need medically necessary covered mental health services to obtain those services from a marriage and family therapist. In essence, our proposal increases the pool of qualified providers that Medicare beneficiaries can choose from without change the services.

Significant shortages of mental health professionals continue to exist in many areas of the country, and rural counties suffer disproportionately. Among 1253 rural counties with 2,500 to 20,000 people, nearly three-fourths lack a psychiatrist, 58 percent have no clinical social worker, and 50 percent are missing a master's or doctoral psychologist. The supply of all these professionals is far lower in the 769 counties with fewer than 2,500 people. Further, the Health Resources Services Administration indicated that 90% of psychiatric and mental health nurses with graduate degrees were in metropolitan areas. There are many counties where only a marriage and family therapist may be present to serve the elderly population. A targeted study of licensed professionals in a sampling of states found many counties with no Medicare mental health providers, but with a marriage and family therapist: including Clayton, Iowa; Hamilton, Florida; Hutchinson, Texas; and Brunswick, Virginia; to name a few.

Federal government agencies also understand the valuable role MFTs play in increasing access to mental health services. The advisory committee to the Secretary of Health and Human Services recently encouraged inclusion of MFTs in the Medicare program. **The National Advisory Committee on Rural Health and Human Services specifically recommended "that the Secretary expand the range of certified mental health providers under Medicare to include marriage and family therapists" in its 2004 report.**

The Health Resources and Services Administration (HRSA) further recognizes MFT's participation in caring for underserved populations. One of HRSA's responsibilities is to identify areas of the country with mental health shortages. The purpose of this designation is to identify communities with unmet mental health service needs and pursue opportunities to recruit qualified mental health professionals to those communities.

Ironically, HRSA counts marriage and family therapists among the "core" providers qualified to deliver necessary mental health services. The failure of the Medicare program to recognize marriage and family therapists leaves many elderly beneficiaries without access to care and creates a conflict in federal law. For example, in communities where the only mental health professional available is a marriage and family therapist, the Health Resources and Services Administration may count that MFT and consider the community well-served. In fact, the elderly of that community have no access to the MFT because Medicare will not recognize the provider. Consequently, the government doesn't even know that there is an access problem because the two federal programs don't have consistent criteria.

Marriage and family therapists are not seeking to expand the scope of mental health services covered by Medicare, nor are they seeking to expand their own scope of practice. Instead, MFTs are simply trying to correct an inequity that restricts beneficiaries' access to a particular type of qualified mental health provider.

Furthermore, MFTs are not seeking higher payments for their services than are currently paid to clinical social workers. Under our proposal, marriage and family therapists would be paid at the same rate as clinical social workers (75% of the psychologists rate) for mental health services already covered by Medicare, which the MFT is legally authorized to provide in the state in which the service was delivered.

The importance of increasing the number of qualified Medicare mental health professionals by including MFTs is supported by many health organizations, including but not limited to the Depression and Bipolar Support Alliance, the National Council for Community Behavioral Healthcare, the National Rural Health Association and the California Primary Care Association.

Recommendation

Improve access to Medicare-covered mental health services by including marriage and family therapists among the list of providers who can deliver covered mental health services and pay for those services at the same rate as clinical social workers.

If you have any questions or need additional information, please contact:

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Medicaid

Overview

While the majority of health care is provided through the private market, and the largest programs are administered by the federal government, state governments also play a critical role in how healthcare is delivered. There are many health programs that are common across the states, and ensuring MFT recognition and participation by these programs is key to the success of the profession. AAMFT and our divisions have been advocating for MFT inclusion in these critical programs for many years and have made great progress, but there is much work to be done. The following are some of the largest and most influential state healthcare programs and the status of MFT reimbursement. [read more \(pdf\) >](#)

Medicaid is the largest provider of mental health services in the United States. Medicaid is the primary source of health care for low-income families with children, the low-income elderly, and people with disabilities. In 2006, 45 million people were enrolled in Medicaid. Excluding prescription drugs, behavioral healthcare costs amount to 10% of all Medicaid spending.

Medicaid is a joint federal-state partnership in both funding and administration. The federal government funds a majority of all Medicaid spending in almost each state, with poorer states receiving a higher percentage of federal funding. On average, state spending on Medicaid accounts in 2008 accounted for approximately 22% of total spending by the states. Medicaid provides coverage for more than 40% of non-elderly persons living in poverty and 25% of all children.

Medicaid is overseen by the Centers for Medicare and Medicaid Services (CMS), an agency within the United States Department of Health and Human Services. Although federal guidelines require all states to cover specific categories of people and types of benefits, each state administers its own Medicaid program. In each state, the program is administered by an agency designated by the governor as the state Medicaid agency. Most states have a traditional Medicaid program, as well as managed care plans.

Some people confuse the Medicaid program with Medicare, because both were established by federal statute and because there is some overlap in their purpose and beneficiary populations. Both Medicaid and Medicare provide health insurance to the low-income elderly and people with disabilities. Approximately 1 in 6 Medicare beneficiaries are "dual eligibles" who are enrolled in both programs. However, Medicare is purely a federal program, funded and administered at the federal level, in contrast to Medicaid's federal-state partnership.

Medicaid covers a variety of services. State Medicaid programs are required to cover mandatory services, such as physician and hospital services. Additionally, states may cover certain optional services, such as family therapy. Medicaid mental health benefits are covered through several mandatory and optional service categories, such as physician and psychologist services, outpatient services provided in hospitals and clinics, rehabilitation services, and personal care services. Although the states are required to provide mandatory services, the states have discretion in determining the duration and scope of coverage for services.

MFT Recognition in Medicaid

Federal rules allow for the use of MFTs as providers, but do not mandate recognition of MFTs. After many years of advocacy, approximately thirty-eight states now have at least some reimbursement or recognition of Family Therapists in their Medicaid programs. As the largest provider of mental health benefits in a state, comprehensive Medicaid recognition of MFTs is crucial to the success of the profession. The level of recognition is currently varied as many states have multiple Medicaid products and MFTs are covered by some Medicaid products and not others. In some states, MFTs and other Master's level providers can only receive Medicaid reimbursement if their services are performed in a clinic or other institutional setting.

Most states describe the details of their Medicaid services and provider qualifications in a Medicaid provider manual. An examination of this manual is usually the easiest way to determine which mental health benefits are offered and within which service category, and whether MFTs may provide these benefits. Most of these manuals are now available online. Since mental health and substance abuse benefits are provided through several service categories and different provider settings, it is important to examine the entire manual to determine if MFTs are eligible providers in all of the relevant service categories.

State Chart

MFT Recognition in State Medicaid Plans

State	MFTs included in Medicaid plans?	State	MFTs included in Medicaid plans?
Alaska	Partly	Montana	No
Alabama	Partly	North Carolina	Yes
Arkansas	Yes	North Dakota	No
Arizona	Partly	Nebraska	Yes
California	Yes	New Hampshire	Yes
Colorado	No	New Jersey	Yes
Connecticut	Yes	New Mexico	Yes
District of Columbia	No	Nevada	Yes
Delaware	Yes	New York	No
Florida	Yes	Ohio	Yes

*Community Health Clinics
Physician mental Health Clinics*

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Georgia	Yes	Oklahoma	Yes
Hawaii	Yes	Oregon	Yes
Iowa	Yes	Pennsylvania	No
Idaho	Yes	Rhode Island	Partly
Illinois	Yes	South Carolina	Yes
Indiana	Partly	South Dakota	No
Kansas	Yes	Tennessee	Yes
Kentucky	Partly	Texas	Partly
Louisiana	No	Utah	Yes
Massachusetts	Partly	Virginia	Yes
Maryland	Partly	Vermont	Yes
Maine	Yes	Washington	No
Michigan	No	Wisconsin	Yes
Minnesota	Yes	West Virginia	No
Missouri	No	Wyoming	Yes
Mississippi	No		

Based on data collected by AAMFT staff and reports from AAMFT division leaders. Data represents AAMFT's best estimate of the status of MFT recognition in Medicaid plans for each state. "Partly" means that some, but not all, Medicaid mental health programs, or Medicaid managed care plans recognize MFTs. Even plans that appear to broadly recognize MFTs might not recognize MFTs as providers in each service category or health plan. Since MFT status with these plans is subject to change, AAMFT does not guarantee that these plans will recognize MFTs.

SEHP Fact Sheet

All states offer some form of health benefits for eligible state employees and their dependents. Approximately 3.4 million state employees and retirees are covered by a state employee health plan. The AAMFT has developed the following fact sheet concerning these plans and the role of MFTs within these plans.

[read more >](#)

TherapistLocator

Over 15,000 marriage and family therapists are listed in TherapistLocator.net. The therapists are Clinical Members of the AAMFT, and as such must meet stringent training and education requirements established by the AAMFT. All AAMFT Clinical Members have agreed to abide by the AAMFT Code of Ethics. This Directory will assist you in locating a marriage and family therapist in your area. When seeking the services of a marriage and family therapist be sure to ask if your potential therapist is a Clinical Member of the AAMFT or look for the following logo identifying a Clinical Member of the AAMFT.



Visit the AAMFT TherapistLocator.net, a public service of the AAMFT. There you will find information about a range of problems facing today's families, and you can search for a qualified family therapist in your area.

[read more >](#)

Vendorship Fact Sheet

In a majority of states, MFTs have achieved recognition under state Freedom of Choice (Vendorship) and Any Willing Provider laws. These laws require certain health plans to reimburse MFTs for providing mental health services covered by the plan. The following fact sheet developed by AAMFT provides an overview of MFT recognition under these laws in each state.

[read more >](#)

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Alaska Association of Marriage and Family Therapists

Linda R. King, President

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February 9, 2011

Governor Sean Parnell
Governor of the State of Alaska
Juneau, Alaska

Dear Governor Sean Parnell,

I am writing to you on behalf of the Board of the Alaska Division of the American Association for Marriage and Family Therapy.

We have been a part of the Alaska Mental, Behavioral, and Family Health system for many years. Our profession is recognized throughout the United States and in Alaska. Alaska has its own licensing Board of Marriage and Family Therapy in the Division of Professional Licensing. Our scope of practice includes most all mental health issues with a specialized perspective involving relationships (AS 08.63.900(5)(A) (B)). From this perspective, our colleagues are trained and treat all manner of mental health issues from a systems approach/awareness.

It has come to our attention through colleagues and Department of Health and Human Services publications that Alaska has a significant decrease in mental health providers. It appears that the State paradigm overlooks available and capable therapists already within the State. This can easily be corrected by amending AS47.07.030 to include licensed marriage and family therapists (LMFTs) and by changing the Medicaid regulations to pay fee for services to those professionals acknowledged on AS47.07.030.

We implore you to support the necessary changes to include LMFTs. The following is based on our research and analysis of the issues:

- Psychologists and licensed clinical social workers (LCSWs) are already acknowledged.
- The reimbursement rate for LMFTs would be the same as LCSWs.
- If there was an increase of beneficiary services by LCSWs the fiscal impact would be the same as if LMFTs were added to the State Medicaid Provider List.
- There are already LMFTs in State granted programs that currently bill Medicaid for acknowledged services rendered. This margin appears to represent two-thirds of current LMFTs.

- Of the total number of LMFTs in Alaska, many would not elect to become providers for a variety of reasons. It could be due to low reimbursement rates, a large number of existing clients, paperwork hassle, etc. It would be good to know the percentage of total LCSWs who are Medicaid eligible. For instance, in one state that I looked at last month, only 24% of the total number of licensed professional counselors (LPCs), who are Medicaid eligible in this state, elected to participate in Medicaid. Many LMFTs will elect not to participate in Medicaid.
- Almost all of the LMFTs would be treating clients who would receive treatment anyway even if LMFTs were not in the plan. In other words, most MFT services would merely be in substitution for the services of another provider type. Russell Crane, Ph.D. at Brigham Young University describes this "substitution effect" in terms of MFT access to Medicare (see supplemental attachment). This study conservatively estimates the substitution effect at 50%. I could argue that this percentage would actually be higher than 50%.
- The administrative cost of adding LMFTs would be zero or very minimal. LMFTs would be performing the same services as LCSWs. There would not be expansion of Medicaid services, but merely the addition of a new profession that enrollees would be allowed to access.
- Also, according to State Statute AS21.36.090(d) it is unfair discrimination to a beneficiary of a group health insurance policy to exclude providers who are recognized State licensed providers, which includes LMFTs.
- In addition, the Governor's office has taken a stance against domestic violence (DV). The etiology of DV is complex, involving more than the issue of anger. The common thread in DV is relational conflict learned through multi-generational patterns. What professional therapist is better equipped to help with mental health/relational issues of DV than a LMFT.

Now is the time to fix this dilemma. The need is current, the problem is real, the desire to change is echoed throughout the State, and the fiscal impact is minimal compared to other more intrusive interventions that result without inclusion (e.g., law enforcement, hospitalization, court involvement, etc). Therefore, we of the Board of the Alaska Association for Marriage and Family Therapy encourage supporting any Bills or Regulation changes to avail all LMFTs to serve Medicaid Beneficiaries whether it be in an agency or private practice setting.

Linda R. King, LMFT
Linda R. King, LMFT
President of AK AMFT

Board Members: John Pagan, President Elect : Cynthia Boliver, Treasurer: Richard Kurtz, Secretary, Ken McCarty, Markie Blummer, Michael Murray, Members at large

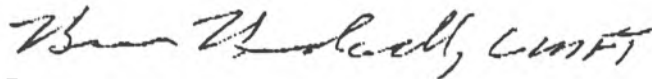
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907-235-9241

Re: SB118

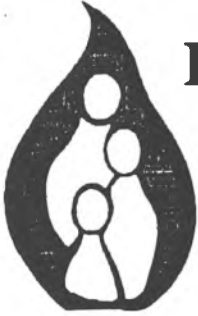
To Senator Davis

I am a licensed Marriage and Family Therapist in the state of Alaska (Lic#- 235), and I have been a practicing therapist for 30 years both in Alaska and in Washington State. I am writing in support of SB118 which would reimburse LMFTs in Alaska for serving Medicaid clients. I currently work as an outpatient therapist at The Center in Homer with therapists who have MSW, LPA, LPC, designations, and I have found that we all have had a similar level of training and supervision. There isn't one type of therapy degree that is better, more rigorous, or more competent than another. By granting reimbursement to LMFTs, citizens of Alaska will be given a greater selection of competent therapists to choose from which will lead to better outcomes for all. Thank you for your support of this legislation.

Sincerely,



Bruce Bardwell, LMFT



Human Relations Center

1600 A Street, Suite 104
Anchorage, Alaska 99501

Phone: (907) 272-5500
Fax: (907) 277-0985

Val Anderson
Office Manager

Sandy Bhargava, LPC
Licensed Professional Counselor

Vicki Heinz, LMFT
Licensed Marriage & Family Therapist

Karen Senzig, Psy. D.
Licensed Clinical Psychologist

Glen Williams, Ph. D.
Licensed Clinical Psychologist

March 3, 2011

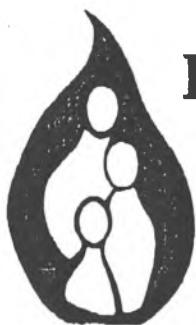
Dear Senator Davis,

I am a licensed marriage and family therapist practicing in the Anchorage area for over 20 years. I am writing for your support to include me and my fellow marriage and family therapists in AS47.07.030. I feel that this will give the Medicaid recipients in Alaska seeking behavioral health services more choice and availability when their need is greatest. I also feel that it expresses parity among the licensed mental health providers.

Thank you so much for your interest and attention to this important legislation.

Vicki Heinz, LMFT

Vicki Heinz, LMFT
Past President AKAMFT



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Anchorage, Alaska 99501

Phone: (907) 272-5500
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Licensed Professional Counselor

Vicki Heinz, LMFT
Licensed Marriage & Family Therapist

Karen Senzig, Psy. D.
Licensed Clinical Psychologist

Glen Williams, Ph. D.
Licensed Clinical Psychologist

April 4, 2011

Dear Senator Bettye Davis,

It was nice to meet you and thank you personally for your sponsorship and support of HB118 recently at Baxter Elementary. We feel that it is important that our profession is recognized as one of the key providers of family therapy in Alaska. It is also important that our clientele who have Medicaid insurance have options when they are in need of mental health care. Due to the shortage of Medicaid providers available, they are often met with long waiting lists or in some cases fly to other locations in the state to receive care at an even greater cost.

Thank you for your support of HB118.

Sincerely,

Vicki Heinz, LMFT
Past President AKAMFT

Sen. Bettye Davis

From: Mike Magowan [mmagowan@gci.net]
Sent: Monday, April 04, 2011 9:56 PM
To: Sen. Bettye Davis
Subject: SB118

RECEIVED

APR 05 2011

Senator Davis. I support SB118. Thank you very much for your efforts. Michael Magowan, LMFT

Bruce Bardwell, LMFT
PO Box 3343
Homer, AK 99603
bruce.bardwell@gmail.com
907-235-9241

Re: SB118

To Senator Davis

I am a licensed Marriage and Family Therapist in the state of Alaska (Lic#- 235), and I have been a practicing therapist for 30 years both in Alaska and in Washington State. I am writing in support of SB118 which would reimburse LMFTs in Alaska for serving Medicaid clients. I currently work as an outpatient therapist at The Center in Homer with therapists who have MSW, LPA, LPC, designations, and I have found that we all have had a similar level of training and supervision. There isn't one type of therapy degree that is better, more rigorous, or more competent than another. By granting reimbursement to LMFTs, citizens of Alaska will be given a greater selection of competent therapists to choose from which will lead to better outcomes for all. Thank you for your support of this legislation.

Sincerely,



Bruce Bardwell, LMFT

RECEIVED

Mercy Dennis M.A., L.M.F.T.

MAR 24 2011

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

March 23, 2011

Attention: Senator Davis

Regarding: AS47.07.030.

First I want to thank you for authoring legislation that incorporates Licensed Marriage and Family Therapists As Eligible Medicaid Providers under Statute AS47.07.030. It is important that consumers have the right to choose from those Alaska licensed professionals who are qualified to provide the services they need.

Licensed Marriage and Family Therapists have been a part of the Alaska Mental Health System for many years. Our scope of practice includes treating most all mental health issues, as do Licensed Clinical Social Workers and Psychologists, who are already acknowledged in AS47.07.030.

From my experience of talking with prospective clients there is a shortage of Medicaid Eligible Mental Health Providers in the state. Since I am not authorized to see Medicaid clients I always try to refer those folks to qualified professionals who are authorized. I find this pool of available providers to be very small and I hear the frustration of those inquiring clients. Including LMFTs to the list of eligible Medicaid providers will help correct this shortage and better serve our Alaskan Mental Health Consumers.

Sincerely,

Mercy Dennis

Mercy Dennis, LMFT

1010 West Tenth Avenue Anchorage, Alaska 99501 (mailing address)
2605 Denali, Suite 203 Anchorage Alaska 99503 (office address)
907-278-5522 phone / 907-258-6613 fax / info@mercydennis.com

Sen. Bettye Davis

From: Michael Weingarten [michaelweingarten@yahoo.com]
Sent: Wednesday, March 16, 2011 12:03 PM
To: Sen. Bettye Davis
Subject: LMFT Support

RECEIVED

MAR 16 2011

I am a Licensed Marriage and Family Therapist. I have been an Anchorage resident since 1979.

LMFT's are well trained to treat many types of mental health problems, including many issues that arise in the Medicaid population.

I understand that you are moving forward to assist us with legislation which incorporates Licensed Marriage and Family Therapists As Eligible Medicaid Providers under AS47.07.030

I appreciate your efforts!

Sincerely,
Michael Weingarten, MA, LMFT
Anchorage, AK

Michael Weingarten
3705 Arctic Blvd. #1516
(District 22) 99503

RESOLVED
Therapists Bill

Sen. Bettye Davis

From: Vicki Heinz [vickiheinz@hotmail.com]
Sent: Monday, March 21, 2011 6:51 PM
To: Celeste Hodge; Ken McCarty; Linda King; Leon Weber; joann.young@premera.com
Cc: Sen. Bettye Davis
Subject: RE: An Act providing medical assistance reimbursement for the services of licensed marriage & family therapists

Celeste,
I am past president of AKAMFT and a board member. I am in support of the draft legislation. I would like to thank Senator Davis again for her support of our occupation and this legislation.
Vicki Heinz, LMFT

From: [Celeste Hodge@legis.state.ak.us](mailto:Celeste.Hodge@legis.state.ak.us)
To: discoverycove@alaska.net; vickiheinz@hotmail.com; lking@hotmail.com; ltw@alaska.net; joAnn.Young@PREMERA.com
CC: [Senator Bettye Davis@legis.state.ak.us](mailto:Senator.Bettye.Davis@legis.state.ak.us)
Date: Mon, 21 Mar 2011 15:08:45 -0800
Subject: An Act providing medical assistance reimbursement for the services of licensed marriage & family therapists

Senator Davis would like you to review the attached draft legislation "An Act providing medical assistance reimbursement for the services of licensed marriage and family therapists" and email if you support or have concerns with the legislation. Please call me if you have questions. Thanks.

Celeste Graham-Hodge, Committee Aide
Senate Health & Social Services Committee
Office of Senator Bettye Davis
716 W. 4th Avenue #400
Anchorage, Alaska 99501
(907) 269-4049; (907) 269-0148 (Fax)

(While in Session)
State Capitol
Juneau, Alaska 99801
(907) 465-4906; (907) 465-3756 (Fax)
Toll Free: 1-800-770-3822
Celeste.Hodge@legis.state.ak.us

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Celeste Hodge

From: Linda King [lrking@hotmail.com]
Sent: Monday, March 21, 2011 7:32 PM
To: Celeste Hodge
Subject: Re: An Act providing medical assistance reimbursement for the services of licensed marriage & family therapists

Celeste

I am the president of the AKAMFT. I regret I was out of town and couldn't personally tell senator Davis thank you! It looks great please accept our appreciation for all your work.

With regards,
Linda King, LMFT

Sent from Linda's iPhone

On Mar 21, 2011, at 4:08 PM, Celeste Hodge <Celeste_Hodge@legis.state.ak.us> wrote:

Senator Davis would like you to review the attached draft legislation "An Act providing medical assistance reimbursement for the services of licensed marriage and family therapists" and email if you support or have concerns with the legislation. Please call me if you have questions.
Thanks.

Celeste Graham-Hodge, Committee Aide

Senate Health & Social Services Committee

Office of Senator Bettye Davis

716 W. 4th Avenue #400

Anchorage, Alaska 99501

(907) 269-4049; (907) 269-0148 (Fax)

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State Capitol

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Celeste_Hodge@legis.state.ak.us

Confidentiality Notice: This e-mail message including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

<Providing Medical Assistance Reimb LMFT.pdf>



Alaska Association of Marriage and Family Therapists

Linda R. King, President

Phone: 907 862-2352 • Fax: 907 522-7088 • E-Mail: lrking@hotmail.com
www.akamft.org

March 3, 2011

Dear Senator Davis,

I am writing to you on behalf of the Board of the Alaska Division of the American Association for Marriage and Family Therapy and as a clinician.

I am the clinical supervisor for Cornerstone Clinic in Anchorage. For years we have been fighting the battle of not being able to see Medicaid clinics. We have pursued several psychiatrists with no success. We are unique clinic that includes family practice medical facility and a counseling center. Two years ago equipped a play therapy room to better serve children. We have two therapists who have received extra training in play therapy. Every week we turn away children who desperately could use our services because we cannot take Medicaid. These children are referred to agencies with waiting list and are eventually seen. The Medicaid dollar is being spent on many of these children, but unfortunately it takes our qualified therapists out of the loop because they don't choose to work for one the few agencies available to these clients.

Please seriously consider putting Marriage and Family Therapist on the Statute AS47.07.030.

Sincerely,

Linda R. King, LMFT

Linda R. King, LMFT
President of AK AMFT

Sen. Bettye Davis

From: Karla Gelhar [karlamarie507@gmail.com]
Sent: Monday, April 11, 2011 10:04 AM
To: Sen. Bettye Davis
Subject: Include MFTs in SB118

Dear Senator Davis,

I am writing to support including Marriage and Family Therapists (MFTs) in the SB118 bill. I live in Ketchikan and am in graduate school to become a licensed marriage and family therapist in Alaska. There is such a need for holistic care of children, parents and couples here in Ketchikan and all over the state. Please include MFTs in the bill so everyone has the opportunity to access support for their family and relationships. Often times a child will be referred for services and progress will occur, however, the child is sent right back to the hurting environment of the family. Children, parents and couples need support as a group as well as individually. Please include MFTs in the SB118 bill to support Alaska's families.

On a side note. When choosing marriage and family therapy I was shocked that the masters program was 92 credit hours versus a masters in counseling psychology was only 52 credits. MFTs are the 'newest kid on the block' and have extensive training and supervision and have earned equal status within licensed mental health professionals.

Thank you for the work you do on behalf of Alaskan families,

Karla M Gelhar
Ketchikan, AK
karlamarie507@gmail.com
[907.821.1543](tel:907.821.1543)

LAURA PATIN LMFT, LPC

11517 Old Glenn Highway Suite 204
Eagle River, AK 99577
(907) 694-2314
laurapatin@ciinet
Yahoc

April 4, 2011

Attention: Senator Dyson
Regarding: AS47.07.030.

First I want to thank you for authoring legislation that incorporates Licensed Marriage and Family Therapists As Eligible Medicaid Providers under Statute AS47.07.030. It is important that consumers have the right to choose from those Alaska licensed professionals who are qualified to provide the services they need.

Licensed Marriage and Family Therapists have been a part of the Alaska Mental Health System for many years. Our scope of practice includes treating most all mental health issues, as do Licensed Clinical Social Workers and Psychologists, who are already acknowledged in AS47.07.030.

From my experience of talking with prospective clients there is a shortage of Medicaid Eligible Mental Health Providers in the state. Since I am not authorized to see Medicaid clients I always try to refer those folks to qualified professionals who are authorized. I find this pool of available providers to be very small and I hear the frustration of those inquiring clients. Including LMFTs to the list of eligible Medicaid providers will help correct this shortage and better serve our Alaskan Mental Health Consumers.

Sincerely,

L. Patin LMFT, LPC

Laura Patin, LMFT, LPC

Ken McCarty, LMFT
Licensed Marriage Family Therapist
Discovery Cove Recovery and Wellness Center
2975 Mill Bay Rd. Suite B - Kodiak, AK 99615
Phone: (907) 487-2223 * Fax (907) 487-2229

3/10/11

Bettye Davis
Senator
Juneau, Alaska

Dear Senator Betty Davis,

Thank you for serving our community in Anchorage and this Great State of Alaska. Senator Stevens knows about this issue. Senator Stevens is informed and interested in this issue but as the President of the Senate does not believe that it is his role to present a bill at this time. The proposal is amending AS 47.07.030 to include Licensed Marriage Family Therapists to the list of eligible, viable professionals to serve Alaskans who are beneficiaries of Medicaid.

The problem is Medicaid and the current State Statutes and Regulations that avail Medicaid benefits. The problem is providers and not having enough of them who are willing to take Medicaid payments and demands. The problem is State Statutes that currently disqualify licensed professional therapist because of their license, though such licenses are recognized by the State of Alaska, but not recognized on a Statute "role call." The problem is State regulations that inhibit professional therapists from even being a candidate to serve Medicaid beneficiaries even if their name is on the "Statute role call list."

In October 2010, according a representative of the Department of Behavioral Health (D.B.H.) that there is a 28% decline in therapists throughout the State. When asked if that decline is due to funding the answer was no, rather due to the inability to find qualified therapists. The current system with the D.B.H. appears to exclusively serve agency recipients who qualify under their selective criteria. This process eliminates providers throughout the State that can fill the need.

I am a licensed Marriage Family Therapist in Kodiak. I came to Kodiak to direct / team lead a D.B.H. authorized agency. I was asked to come to integrate mental health and substance treatments. In March of 2009 I departed the agency and was led to start a private practice named Discovery Cove. Over the nearly two years I had multiple requests from constituents in Kodiak if I could see them for counseling. Their funding source was Medicaid. The consistent theme was these individuals did not want to go to the "only Medicaid service center in town." I explored avenues to be a Medicaid provider but to no avail. I was told on several occasions by D.B.H. that these constituents do have options...the single service center in town. To have only one place to be served is not an option.

In February 2010 Discovery Cove began the medicated assisted treatment (Suboxone) for those addicted to opiates. The efficacy of the program is in the collaboration of medication and psycho-social group / individual treatment. We are the only provider in Kodiak that is doing this treatment. The psychiatrist who serves Discovery Cove flies in monthly to serve these clients. The psycho-social groups occur twice a week for beginning clients and once a month for those in continuing care clients. To date we have served 23 clients. Discovery Cove can bill Medicaid for services with the psychiatrist but we cannot bill for services for the psycho-social groups and individual sessions, as they are conducted by licensed professionals not on the "roll call list." The D.B.H. approved agency refuses to do this treatment and even proclaims the treatment ineffective. The D.B.H. endorses the treatment and this year the State of Alaska Annual School of Addiction Conference theme is Rx Treatment, which I have been honored again as a guest speaker. Therefore, those constituents who are Medicaid beneficiaries who cannot afford "out-of-pocket" treatment are flown to Anchorage by Medicaid for their treatment.

The D.B.H. has informed me that Discovery Cove is the only private practice agency in the State of Alaska that is offering a comprehensive (physician / mental health) program for clients. I have tried to help other private practice facilities and agencies establish similar programs but they have not been able to duplicate what we have created. The week of Thanksgiving 2010 I received a telephone call from the Anchorage Neighborhood Health Clinic informing me that they were shutting down their Suboxone program for various reasons, none of which was the ineffectiveness of the treatment. I have been asked by several entities in Anchorage if I could come and create a treatment center, like Kodiak's Discovery Cove. I am courting the idea. The problem again is with treating the Medicaid beneficiaries. I already have a Licensed Professional Counseling (LPC) who is experienced in substance treatment, who is eager to help. I have been looking for offices near The People Mover stops. The need is great. There are few treatment providers and those in existence are already at their maximum capacity to receive clients. The Anchorage Neighborhood Health Clinic just let go of some 70 people this past year who were in their program. Opportunity to serve exists but the Statute and Regulation guidelines are thwarting that service. Even this week as we move forward to establishing another office in Alaska in the Anchorage area I have been receiving call throughout Alaska of people willing to fly in for services.

The issue that I am present does not exclusively affect Ken McCarty and Discovery Cove. I know of providers in Fairbanks, Talkeetna, Nome, Anchorage, and Juneau who are willing to be Medicaid providers but because of D.B.H. rules of being a private practice provider and/or having the "wrong" professional license they cannot serve. I believe that the 28% void of therapist can be easily filled without soliciting outside of Alaska. Over 2,000 years ago a saying was made of "the harvest is plentiful the workers are few, pray to the Lord of the harvest for more workers." It is my belief that just as in the case then as it is now that the issue is not that there are an insufficient amount of workers to help in the harvest rather restrictive paradigms that inhibit. I implore you to change the paradigm and unleash the workers.

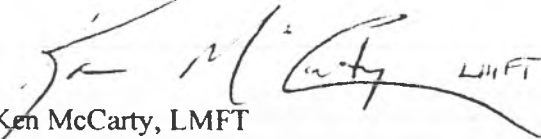
Necessity to resolve the lack of licensed mental health professionals:

- Amend Statute AS 47.07.030 to include licensed Marriage Family Therapists (LMFT) and Licensed Professional Counselors (LPC)
- Amend State of Alaska Medicaid Regulations to pay private providers who are acknowledged in the amended State Statute
- Amend the Department of Behavioral Health to acknowledge and be more provider friendly with private providers who are willing to receive Medicaid

- Allow for Fee for Service paradigms with allowance of multiple available providers in a given area thus availing true options and stimulation of healthy professionalism.

I have been blessed with a thriving private practice to serve and bring healing to the community of Kodiak. I am a provider for many managed care insurance programs. I am frequently solicited by the military to come provider services in Anchorage and Fairbanks. I am honored to serve those who have the means to pay and have done pro-bono work for those who cannot. I am honored to serve on the Governor Board of Marriage Family Therapists. And, as you have read, I am grieved by those Medicaid beneficiaries who are restricted to receive appropriate health services whether it be for mental health or substance treatment.

I am at your service,

A handwritten signature in black ink, appearing to read "Ken McCarty", with the letters "LMFT" written to the right of the signature.

Ken McCarty, LMFT
Executive Director of Discovery Cove
(907) 487-2223

MAUREEN CHRISTENSEN, M.ED.
Licensed Marital and Family Therapist

APR 08 2011
FILED

April 7, 2011

Attention: Senator Davis
Senator Egan
Senator Ellis
Senator Meyer
Senator Dyson

Regarding: SB1118

Thank you for your support of SB118. Licensed Marriage and Family Therapists are qualified to be providers of mental health services for individuals and families who are Medicaid eligible.

I appreciate your support for this legislation.

Sincerely,


Maureen Christensen LMFT

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES
OFFICE OF THE COMMISSIONER

SEAN PARNELL, GOVERNOR

P.O. BOX 110601
JUNEAU, ALASKA 99811-0601
PHONE: (907) 465-3030
FAX: (907) 465-3068

January 31, 2011

Briefing: Consideration for Adding Licensed Marriage and Family Therapists As Eligible Medicaid Providers

Introduction

The Department of Health & Social Services is providing this brief in response to an inquiry received asking for the inclusion of Licensed Marriage and Family Therapists as providers eligible to render and bill for Medicaid funded services as independent practitioners.

Background

Currently, the **independent licensed** practitioners eligible by Statute to provide behavioral health services and directly bill Medicaid are:

- Physicians and advanced nurse practitioners - current regulations mandate that all services must be provided directly by the licensed professional
- PhD psychologists - services limited to testing and assessment services based on appropriate referrals
- Licensed clinical social workers (LCSW) - although included in Statute since 1991, funding has never been authorized; currently not a State Plan service.

Clinic providers approved to provide behavioral health services and bill Medicaid for are:

- Community mental health centers (CMHC) - must be approved grantees of the Division of Behavioral Health
- Physician mental health clinics - require the supervision of an on-site psychiatrist
- Rural health clinics and federally qualified health centers (FQHC) - allowed to bill for services provided by the federally mandated professionals: physicians, nurse practitioners, physician assistants, PhD psychologists, and LCSW's.
- Designated tribal outpatient clinics - limited to services provided directly by physicians, nurse practitioners and physician assistants.

Within the clinic categories listed above, Licensed Marriage and Family therapists are allowed to provide Medicaid services only in Community Mental Health Clinics or Physician Mental Health Clinics.

Issues

For years, the department has received requests to expand the scope of behavioral health services from individual practitioners, professional organizations and advocacy groups. These requests and the related issues below should be considered in this program expansion discussion:

1. Cost. Initial service cost projections and numbers of people served are included below.
2. Medicaid State Plan. Changes to the Medicaid program require submission of an Amendment to the State Plan for consideration and approval by CMS.
3. Program Coverage. When a new eligible provider group is added, regulations must be developed which outline scope of services, service definitions and documentation requirements, place of service requirements, service limits, service authorization requirements and rates.
4. Access to care. Addition of new or revised Medicaid benefits improves access to care for beneficiaries who have more options for care or more available service providers.
5. Medical Necessity. Coverage and services descriptions must support "medical necessity". The practice of marital and family therapy is defined as: "the diagnosis and treatment of mental and emotional disorders that are referenced in the standard diagnostic nomenclature for marital and family therapy, whether cognitive, affective, or behavioral, within the context of human relationships, particularly marital and family systems"¹. Very often, the diagnostic codes referenced are the V-Codes² which describe factors influencing health status and are generally not approved diagnoses for Medicaid coverage. If the State were to revise the "medical necessity" definition to account for the scope of practice of LMFT's all other qualified behavioral health providers would also be eligible to similarly expand services. This would allow for the provision of services to recipients who do not currently qualify for services.
6. Medicaid Management Information System (MMIS). The MMIS must be redesigned.
7. Rates. The development of a rate methodology including a concurrent rate review is required.
8. Service Authorization/Service limits. If program coverage guidelines include service limits or the need for service authorization, the department must develop the clinical guidelines for use in approving services.
9. Staff. Whenever a program expansion or redesign occurs the State must assign staff to oversee the program design, development, and implementation, and to maintain on-going operations.
10. Workforce. One possible effect of adding a new provider group is the potential migration of employees from grant funded non-profit agencies to the private sector

¹ AS 08.63.900(5)

² Diagnostic and Statistical Manual of Mental Disorders, 4th Ed., Text Revision; Relational Problems (pg.736 – 743)

11. Eligible providers. A primary concern regarding the addition of a new provider type is the consequent inclusion of other licensed providers. As noted above, LCSW's have not been included as providers though they have requested coverage. Likewise psychologists have requested to expand the type of services they may provide. Independent physicians have requested the ability to bill for services provided under their direction by psychologists, LCSW's, LMFT's and licensed professional counselors (LPC). FQHC's have also requested the ability to add both LMFT's and LPC's as eligible practitioners. In general, approving one or more new licensed professional groups would in all likelihood stimulate other licensed professional groups to question why they were not considered.
12. Impacts to other initiatives. Any modifications to the State Medicaid Plan will affect and be affected by system related projects
13. Transportation/telemedicine. Changes in program coverage always have some impact on Medicaid transportation costs. Because savings in the transportation budget historically have not offset costs associated with new programs, transportation has generally not been used as a primary factor in support of new services. Medicaid coverage (with few exceptions) allows practitioner services to be provided via telemedicine. The department continues to support the use of telemedicine as an alternative to transportation whenever possible.

Impact and Cost Analysis

- DBH has established a prevalence rate of 25% of the population that has a need for a behavioral health service under the current "medical necessity" definition.
- In FY 10 approximately 120,000 individuals were eligible for Medicaid and approximately 23,000 Medicaid recipients received at least one behavioral health service.
- Based on the prevalence rate, about 30,000 Medicaid clients are actually in need of behavioral health services which indicates approximately 7,000 recipients have an unmet need.
- **If all licensed LMFT's (93) enrolled and increased their case load to serve 50 clients per year, they would serve 4,650 clients. At a rate of \$1000 per recipient the increase in program costs would be \$4,650,000.**

Conclusion

Based on the complicating factors listed and budget impact the department is not proposing the addition of LMFT's at this time.

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

SEAN PARNELL, GOVERNOR

P.O. BOX 110601
JUNEAU, ALASKA 99811-0601
PHONE: (907) 465-3030
FAX: (907) 465-3068

January 31, 2011

Briefing: Consideration for Adding Licensed Marriage and Family Therapists As Eligible Medicaid Providers

Introduction

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Clinic providers approved to provide behavioral health services and bill Medicaid for are:

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- Designated tribal outpatient clinics - limited to services provided directly by physicians, nurse practitioners and physician assistants.

Within the clinic categories listed above, Licensed Marriage and Family therapists are allowed to provide Medicaid services only in Community Mental Health Clinics or Physician Mental Health Clinics.

Issues

For years, the department has received requests to expand the scope of behavioral health services from individual practitioners, professional organizations and advocacy groups. These requests and the related issues below should be considered in this program expansion discussion:

Ken McCarty 1/31/11 7:22 PM
Comment: I hear from the psychologists in the State that currently they are being denied acknowledgement from Alaska Medicaid

1. Cost. Initial service cost projections and numbers of people served are included below.
2. Medicaid State Plan. Changes to the Medicaid program require submission of an Amendment to the State Plan for consideration and approval by CMS.
3. Program Coverage. When a new eligible provider group is added, regulations must be developed which outline scope of services, service definitions and documentation requirements, place of service requirements, service limits, service authorization requirements and rates.
4. Access to care. Addition of new or revised Medicaid benefits improves access to care for beneficiaries who have more options for care or more available service providers.
5. Medical Necessity. Coverage and services descriptions must support "medical necessity". The practice of marital and family therapy is defined as: "the diagnosis and treatment of mental and emotional disorders that are referenced in the standard diagnostic nomenclature for marital and family therapy, whether cognitive, affective, or behavioral, within the context of human relationships, particularly marital and family systems"¹. Very often, the diagnostic codes referenced are the V-Codes² which describe factors influencing health status and are generally not approved diagnoses for Medicaid coverage. If the State were to revise the "medical necessity" definition to account for the scope of practice of LMFT's all other qualified behavioral health providers would also be eligible to similarly expand services. This would allow for the provision of services to recipients who do not currently qualify for services.
6. Medicaid Management Information System (MMIS). The MMIS must be redesigned.
7. Rates. The development of a rate methodology including a concurrent rate review is required.
8. Service Authorization/Service limits. If program coverage guidelines include service limits or the need for service authorization, the department must develop the clinical guidelines for use in approving services.
9. Staff. Whenever a program expansion or redesign occurs the State must assign staff to oversee the program design, development, and implementation, and to maintain on-going operations.

¹ AS 08.63.900(5)

² Diagnostic and Statistical Manual of Mental Disorders, 4th Ed., Text Revision; Relational Problems (pg.736 – 743)

Ken McCarty ... 1/31/11 7:35 PM
Comment: This is already in existence.

Ken McCarty ... 1/31/11 7:23 PM
Comment: This statement is inaccurate. MFT's can diagnose most all DSM nomenclature. V-Codes are not acceptable for Medicaid but they are not the only diagnostic code MFT's use. In fact I rarely use them for my clients, as many are not V-code clients. There is no desire to change the "Medical Necessity." This comment is a distractive statement with the appearance to illicit fear and confusion rather than truth!

Ken McCarty ... 1/31/11 5:31 PM
Comment: This comment too seems with error as new providers do not alter a data base. If it is referring to AKAIMS that data base system is considered a joke in the provider community and is a waste of tax payers money. Those who support it are the ones who are getting paid by the State.

Ken McCarty ... 1/31/11 7:25 PM
Comment: There is no need for a special rate review. A CPT code of 90806 is the same for all providers / clinicians

Ken McCarty ... 1/31/11 7:30 PM
Comment: This is another inaccurate statement. Current Medicaid leaves an open ended number of client sessions for Community Mental Health Centers and does not question the potential gouging of the system. For a private provider referral is based on success and success is based on healing and limited time needed for counseling.

Ken McCarty ... 1/31/11 7:34 PM
Comment: The State already has people doing these things. This is not requiring a major development of a bureaucratic agency

10. Workforce. One possible effect of adding a new provider group is the potential migration of employees from grant funded non-profit agencies to the private sector
11. Eligible providers. A primary concern regarding the addition of a new provider type is the consequent inclusion of other licensed providers. As noted above, LCSW's have not been included as providers though they have requested coverage. Likewise psychologists have requested to expand the type of services they may provide. Independent physicians have requested the ability to bill for services provided under their direction by psychologists, LCSW's, LMFT's and licensed professional counselors (LPC). FQHC's have also requested the ability to add both LMFT's and LPC's as eligible practitioners. In general, approving one or more new licensed professional groups would in all likelihood stimulate other licensed professional groups to question why they were not considered.
12. Impacts to other initiatives. Any modifications to the State Medicaid Plan will affect and be affected by system related projects
13. Transportation/telemedicine. Changes in program coverage always have some impact on Medicaid transportation costs. Because savings in the transportation budget historically have not offset costs associated with new programs, transportation has generally not been used as a primary factor in support of new services. Medicaid coverage (with few exceptions) allows practitioner services to be provided via telemedicine. The department continues to support the use of telemedicine as an alternative to transportation whenever possible.

Impact and Cost Analysis

- DBH has established a prevalence rate of 25% of the population that has a need for a behavioral health service under the current "medical necessity" definition.
- In FY 10 approximately 120,000 individuals were eligible for Medicaid and approximately 23,000 Medicaid recipients received at least one behavioral health service.
- Based on the prevalence rate, about 30,000 Medicaid clients are actually in need of behavioral health services which indicates approximately 7,000 recipients have an unmet need.
- **If all licensed LMFT's (93) enrolled and increased their case load to serve 50 clients per year, they would serve 4,650 clients. At a rate of \$1000 per recipient the increase in program costs would be \$4,650,000.**

Conclusion

Ken McCarty 1/31/11 7:42 PM

Comment: Is this statement suggesting that the State's Medicaid is trying to control employee choices through fiscal threats? There are State supported agencies who are refusing to do State of the Industry treatment and keep therapists from providing those services that are Evidenced Based; and the employee compromises client treatment and their ethics due to a State assured paycheck. Availing Fee for Service places competency into competition which is a win / win with the loser being the agency who doesn't want to change and is expecting the entitlement of the State.

Ken McCarty 1/31/11 7:44 PM

Comment: This is a "Baby with the Bathwater Statement." LCSW's, LMFT's, and LPC's are already recognized to be paid by Medicaid when in an State authorized agency. The proposal is to recognize them in private practice settings too.

Ken McCarty 1/31/11 7:48 PM

Comment: Physicians are under scrutiny and value their privileged license. Telemedicine is a too as exception but behavioral health / substance client care has been best accomplished through one-on-one evaluation and update. I do telemedicine with my clients and the psychiatrist when he is not available, but there are things he cannot assess on a screen compared to in person.

Ken McCarty 2/1/11 9:00 PM

Comment: MFT's are already working for Medicaid accepted agencies. There are currently 78 licensed MFT's, which is a reduction of 17 from last year... due to license fee increase. Not all private practice MFT's are interested in the bureaucratic paperwork of Medicaid. Therefore, the calculation suggested are greatly exaggerated. I am doing a data search to determine how many current private practice MFT's exist to suggest a calculation.

Based on the complicating factors listed and budget impact the department is not proposing the addition of LMFT's at this time.