

Alaska Medicaid Section 1115 SUD Demonstration Status Report
Operational Updates for SUD Components for Pre-Implementation Period
April 1 – June 30, 2020

I. Transmittal Page for the State’s SUD Demonstration or SUD Components of Broader Demonstration

The state should complete this Transmittal Title Page at the beginning of a demonstration and submit as the title page of all SUD Monitoring Reports. The content of this transmittal table should stay consistent over time.

State	Alaska
Demonstration Name	Alaska Medicaid Section 1115 Behavioral Health Demonstration (SUD -BHP) (Project Number: 11-W-00318/0)
Approval Dates	SUD Component: November 28, 2018 BH Component: September 3, 2019
Approval Periods	SUD Component: January 1, 2019 – December 31, 2023 BH Component: September 3, 2019 – December 31, 2023
Demonstration Goals and Objectives	<p>Goal: Create a data-driven, integrated behavioral health system of care for Alaskans with serious mental illness, severe emotional disturbance, and/or substance use disorders.</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Increased rates of identification, initiation, and engagement in treatment • Increased adherence to and retention in treatment • Reduced overdose deaths, particularly those due to opioids • Reduced utilization of emergency departments and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other more appropriate and focused SUD use/misuse/abuse- related services • Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate • Improved access to care for physical health conditions among beneficiaries

II. Operational Updates

Describe all operational updates and activity under the demonstration.

The state has made progress on implementation of the SUD component of the 1115 demonstration waiver. The following is a summary of activities between April 1, 2020 and June 30, 2020:

In May, the State began accepting 1115 Behavioral Health (BH) Waiver Facility Applications to approve 1115 Waiver Mental Health (MH) agencies. To date, the Division of Behavioral Health (DBH) has authorized approximately 23 MH agencies and 45 SUD agencies, operating in 174 site locations, with over 755 individual rendering providers to deliver 1115 services within the State of Alaska.

The State continues to revise its Evaluation Design based upon CMS feedback. Notably, the State awarded the contract for an Independent Evaluator (IE) during the review period. Collaboration between the State and the IE is anticipated to contribute significantly to further refinement and implementation of the Evaluation Design.

During the review period, DBH's Research & Analysis (R&A) section continued validation of the State/Optum automated financial interface. These efforts will ensure data elements align with reporting needs and audit policy within the finalized automated production environment. The State eagerly anticipates transitioning administrative burden to our ASO partners.

With live claims processing, Optum launched an information dashboard that provided the State with a suite of pre-built reporting metrics. In light of the anticipated transition of state plan services claims processing on July 1, DBH R&A section representatives continue conversations with our ASO partner to better define data access and elements of interest for both regular, standardized reporting and ad-hoc data needs.

DBH hosted a 6-part webinar series on Peer Support, which was created in partnership with the SAMHSA-funded technical assistance group BRSS-TACS. Many nationally recognized figures in the field of Peer Support and Recovery contributed to create this one-of-a-kind, excellent series exclusively for Alaska, which showcased the effectiveness of peer support as a part of a behavioral health system and provided insight into how to develop and integrate peer support practices into behavioral health services. The community response to the series was extremely positive and enthusiastic about continuing to develop Peer Support in Alaska.

In response to the ongoing crisis of the COVID-19 pandemic, the State has continued to support utilization of telehealth behavioral health services. Effective 5/21/2020, the list of services that providers can bill for telephonic or telehealth video

services has been expanded to include services from the 1115 Waiver service array. As an emergency regulation, the department adopted changes in Title 7 of the Alaska Administrative Code dealing with Medicaid 1115 behavioral health waiver services; the department intends to make this regulation permanent. Additionally, the AK Responders Relief Line went live May 5; an anonymous call line, available 24/7, providing crisis counseling and general support for healthcare and behavioral professionals, and their immediate family members, who have been impacted by COVID-19 in their professional and personal lives.

The State continues to host provider outreach opportunities, to address shortfalls in navigating DBH and Optum enrollment site activities, reviewing 1115 Wavier service delivery criteria, and authorization and claim form completion and submission requirements. DBH continues to monitors all claims transactions to support providers throughout the Waiver transition and implementation period.

III. Performance Metrics

Narrative description on the information here regarding the impact of the demonstration in providing insurance coverage to beneficiaries and the uninsured population, as well as outcomes of care, quality and cost of care, and access to care.

During the review period 679 unique members received 21,419 units of 1115 SUD treatment services, totaling \$3,314,665.22. Broken out by member categories (Tables 1 and 2), the data illustrates that Medicaid Expansion recipients are the primary beneficiaries of 1115 services during this quarter (\$2.83 Million, 85.4% total expenditures). In terms of treatment service codes (Table 3), approximately \$2.5 Million (76.3% total expenditures) was paid to support expanded 1115 residential services.

Table 1. Service Units and Amount Paid Broken Out by Member Eligibility Category

Member Elig Category	Paid Units	Total Paid
Disabled	448	\$86,837.09
General MCAID	4800	\$397,003.35
Expansion	16,171	\$2,830,824.78
Grand Total	21,419	\$3,314,665.22

Table 2. Service Units and Amount Paid Broken Out by Member Eligibility Code

Medicaid Mem Elig Cd	Paid Units	Paid Amount
AD20SI	405	\$71,597.92
AD20ST	33	\$15,024.57
AD69ST	10	\$214.60
AF11PB	190	\$8,624.40
AF11PR	38	\$17,301.02
AF20AF	4076	\$328,682.89
AF20MI	41	\$18,666.89
AF20MX	16,171	\$2,830,824.78
AF50SU	445	\$14,728.15
AF50TO	10	\$9,000.00
Grand Total	21,419	\$3,314,665.22

Table 3. Service Units and Amount Paid Broken Out by 1115 SUD Waiver Service code

Procedure Code	Paid Units	Paid Amount
H0010 V1	1	\$302.25
H0010 TG V1	298	\$268,200.00
H0011 V1	135	\$202,500.00
H0015 V1	761	\$22,503.60
H0015 V1 GT	353	\$13,108.69
H0015 V1 HQ	4412	\$34,281.26
H0015 V1 HQ GT	819	\$10,064.19
H0023 V1	1540	\$43,087.45
H0035 V1	345	\$172,500.00
H0047 V1	58	\$17,400.00
H0047 V1 TG	5266	\$2,338,049.14
H2021 V1	589	\$12,639.94
H2021 V1 GT	313	\$6,695.52
H2021 V1 HQ	6292	\$35,423.96
H2036 V1 HF	193	\$131,950.30
T1007 V1	43	\$5,823.49
T1007 V1 GT	1	\$135.43
Grand Total	21419	\$3,314,665.22

After calculating out the expenditure totals for this quarter, the DBH R&A Section noticed a significant discrepancy between this quarter and last quarter; through further investigation we found that this was due to a drastic reduction in utilization of residential services across both State Planned Services and 1115 service array– the state suspects this is largely due to the COVID-19 pandemic.

IV. Evaluation Activities

Narrative description of any results of the demonstration to date per the evaluation hypotheses. Additionally, the state shall include a summary of the progress of evaluation activities, including key milestones accomplished, as well as challenges encountered and how they were addressed.

In terms of progress and developments regarding evaluation activities:

Per CMS's STC's, State of Alaska is required to have an Independent Evaluator (IE) to revise and conduct its 1115 Evaluation Design. After an RFP and PEC process, the award was issued to Health Services Advisory Group (HSAG) in May 2020. DBH has worked with HSAG per the 9/3/19 STCs to revise the 52 page Evaluation Design (originally submitted 12/5/2019) and submitted the 49 page Revised Evaluation Design on 5/29/2020 which reflects modifications in response to the CMS ED feedback document of 1/24/2020. Weekly calls between DBH and HSAG ensure that the Independent Evaluator remains on track for successful completion of the work, including preparation and planning for the Mid-Point Assessment due 11/15/2020.

Also notably, during this reporting period DBH submitted its Revised Monitoring Protocol (Excel and Word documents) (5/14/2020) in light of CMS Feedback, and CMS has indicated an approval letter for the Revised Monitoring Protocol and Revised Evaluation Design will be arriving in the coming days or so.

V. SUD Health IT

Summarize of progress made regarding SUD Health IT.

Supporting expansion of the State's Health IT infrastructure remains a critical component of the State's contract with our Administrative Services Organization (ASO) partner, Optum. The State seeks an integrated primary and behavioral health care and case management system which complements a more holistic focus on client treatment and recovery support, especially for those with chronic behavioral and medical health conditions. OPTICCS, Optum Alaska's IT platform, is designed to provide comprehensive care coordination of complex or chronic physical and behavioral health conditions and populations, striving to improve quality and reduce cost outcomes. OPTICCS has the capacity to accept and analyze medical as well as behavioral health information, including medical claims extracts, pharmacy claim extracts and lab information. This integrated approach enables Optum clinicians to promptly alert behavioral health providers to client medical needs.

On Feb 1, 2020 Optum went live with 1115 SUD Medicaid claims processing and simultaneously launched an information dashboard to meet the reporting matrix outlined by the ASO contract. DBH representatives are still in conversation with our ASO partner to define data access and elements of interest to the division for regular, standardized reporting.

From the monitoring protocol/metrics workbook.

Alaska Opioid Data Dashboard, DPH – *No Update.*

Project ECHO, University of Alaska Anchorage Center for Human Development – The Pain & Opioid Management Program has seen significant growth in its second iteration for the 2019-2020 series, both in terms of participation and programmatic schedule. Launching in October 2019, the program scheduled 14 total sessions to be completed by May 2020 and boasted 97 unique participants, with an average attendance of 25 participants per session.

The Alaska Behavioral Health Referral Network – The TreatmentConnections network maintained previous quarter membership, with referral and treatment activity recorded by some of the State’s largest BH providers and tribal health organization (THO) partners. Platform administrators and DBH representatives continue promoting the potential utility of the TreatmentConnections platform to connect vulnerable individuals across the state with behavioral health services.

VI. Tribal Engagement and Collaboration Developments/Issues

A summary of the state’s tribal engagement activities with respect to this demonstration.

State of Alaska representatives regularly participate in Alaska Tribal Health System (ATHS) meetings, ensuring attendance in the biannual Alaska Native Health Board MEGA Meetings, the Tribal Behavioral Health Director (TBHD) Quarterly Meetings, and the quarterly State Tribal Medicaid Task Force (MTF) Meetings. Within the reporting period the State participated in MTF meeting on April 8th and TBHD meeting on May 20th. These meetings related to Tribal Engagement and Collaboration are ongoing and routine. The state remains open to Tribal BH Directors to schedule extra time during the already established TBHD meetings to discuss specific inquiry or concerns.

- As part of the MEGA and MTF meetings the Division and tribal partners maintain open, direct conversation on the status of the implementation of the Alaska 1115 Medicaid Demonstration Waiver for substance use and behavioral health

treatment services and the implementation of claims processing through the administrative services organization, Optum.

- As part of the TBHD meeting the Division maintains open, direct conversation with the tribal directors on their success, challenges, and barriers implementing 1115 SUD and behavioral health services. The Division has also introduced members of the Optum executive leadership team. Unexpected staffing changes have resulted in a vacancy for the Optum tribal liaison. The Division continues to prioritize open and direct communication between our tribal partners and Optum as key to productive feedback regarding the ASO implementation and long term outcomes.
 - TBHD feedback included comments and questions about the role of the new Medicaid section manager and Optum tribal liaison. The state discussed the functions of the new Medicaid section manager and reiterated this position will continue to serve as the States tribal liaisons. Some discussion on the status of regulations necessary to begin implementation of the 1115 behavioral health services.
- The state and behavioral health providers meet monthly during the Alaska Behavioral Health Association teleconference. Tribal providers participate in ABHA and serve on the executive committee. The 1115 waiver and other topics are discussed as standing agenda items during each monthly ABHA teleconference.
- The State of Alaska continues to invite AHS representatives to participate in workgroups and policy meetings.

VII. Financial/Budget Neutrality Developments/Allotment Neutrality Developments/Issues
Identify all significant developments/issues/problems with financial accounting, budget neutrality. Identify the State's actions to address these issues.

The bifurcated deployment of the 1115 Waiver's SUD and MH components continue to create unforeseen challenges in fulfilling the STC criteria. During the review period, DBH R&A continued integration of data collection and analysis of SUD-IMD and the associated Optum, MMIS and DSS expenditures. This effort is complicated by the current exclusion of BH and IMD from the CMS 64 reporting structure to CMS.

In response, DBH collaboratively planned DY2 Q2 expenditures with our actuary and subsequently analyzed Optum and MMIS expenditures for this quarter's BN. DBH R&A conducted several technical meetings with DSS and Milliman to examine XML uploads to IRIS and identify elements relative to IMD/Non IMD expenditures. Complex manual analysis of expenditure data elucidated a mechanism for R&A to track a provider's

transition from non-IMD to IMD approved status. However, as the expenditure data is thus far excluded from the MBES/CMS 64 reporting, the State will similarly exclude this data from the BN workbook.

DBH engaged our ASO partner to provide future IMD expenditure data, as part of their contracted data obligation. These activities are meticulously documented in our Budget Neutrality files.

Finally, The MMIS and Optum data transition occurred February 1, 2020 for 1115 SUD Medicaid claims processing and July 1, 2020 for State Plans Services. This data transition will continue to present challenges for BN reporting. However, next quarter the new integrated systems will be more efficient and improve our BN reporting.

VIII. Enclosures/Attachments

Identify by title any attachments along with a brief description of the information contained in the document.

There are no attachments for this status update.

IX. State Contact(s)

Identify individuals by name, title, telephone, fax, and address so that CMS may contact individuals directly with any questions.



Gennifer Moreau-Johnson
Director, Division of Behavioral Health
Alaska Department of Health and Social Services
(907) 269-4804
gennifer.moreau-johnson@alaska.gov



Chief of Research and Risk Management, Division of Behavioral Health
State of Alaska Department of Health and Social Services
(907) 269-8039
michael.walker@alaska.gov

X. Date Submitted to CMS

Enter the date submitted to CMS in the following format: (mm/dd/yyyy).

3/31/2020

8/31/2020