

Alaska Medicaid Section 1115 SUD Demonstration Status Report
Operational Updates for SUD Components for Pre-Implementation Period
January 1 – December 31, 2019

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 January 1, 2019 and December 31, 2019:

In an effort to explore novel strategies to address Alaska's fragmented behavioral health care system and foster opportunities for providers to implement a broader range of behavioral health and substance misuse services, the State of Alaska Department of Health and Social Services Division of Behavioral Health (DBH) submitted an application to participate in the 1115 Medicaid Waiver Demonstration Project, the Alaska Substance Use Disorder and Behavioral Health Program. Throughout the demonstration period, DBH eagerly anticipates building a more robust behavioral health care infrastructure that reduces Alaska's reliance on crisis services and supports clients across a broad continuum of care, complete from early intervention through acute care.

Following guidance from the Centers of Medicare and Medicaid Services (CMS), the substance use disorder (SUD) component of the demonstration project was separated from behavioral health (BH) services. This separation of service components allowed a more immediate response to the growing opioid epidemic and expedited approval of 1115 SUD Waiver services in February 2019. The remaining BH component of the 1115 Wavier Demonstration Project received approval in September 2019. The regulations governing 1115 BH services have since been filed and are in final review with the Department of Law in the adoption process. Release for Public Comment is anticipated by the end of April, 2020 and conforming edits to the 1115 Waiver regulations will be included.

Emergency regulations were issued July 1, 2019 outlining provider certification and enrollment requirements, establishing service criteria, and providing definitions for the new 1115 Waiver and 1115 SUD service array. These emergency regulations were enacted permanently on October 11, 2019, with revisions based on Public Comment and State review going into effect on November 10, 2019. To date, the Division of Behavioral health has reviewed and approved approximately 42 agencies, operating in 114 site locations, and over 650 individual rendering providers to deliver 1115 services within the State of Alaska.

In October, the State of Alaska Division of Behavioral Health drafted a fifty page Evaluation Design, requesting feedback from two consulting groups. The National Governors Association, in conjunction with the University of Minnesota's State Health Access Data Assistance Center (SHADAC), provided technical assistance that augmented the State's initially proposed driver diagrams, research questions, hypotheses, and analytic methods for waiver evaluation. The State is currently revising its Evaluation Design based upon this feedback and expects to submit the Evaluation Design within the next month to CMS via the PMDA website.

The approved Demonstration Project design allowed the State to contract with an Administrative Services Organization (ASO) to support infrastructure reform by performing in-depth analyses of Medicaid recipient behavioral health trends, improve early diagnosis/intervention strategies and ongoing coordination of care, and reduce the administrative burden for providers while also reducing costs to the State. After thoroughly reviewing all respondents, the State of Alaska awarded the ASO contract to Optum (United Behavioral Health) in April and executed terms November 5th. DBH/ASO integration efforts continue, with the formation of cross functional teams directing efforts to meet critical milestones essential to streamlined 1115 service rollout, claims processing, and provider outreach and education.

An initial review of claim submission errors illustrated a knowledge gap in the provider community. This prompted the State to host outreach opportunities to update national provider identifiers (NPIs), navigate DBH and Optum enrollment site activities, and review authorization and claim form completion and submission requirements. DBH continues to offer ongoing 1115 Wavier service and authorization training opportunities and monitors all claims transactions to support providers throughout the Waiver transition and implementation period.

A series of 7 Listening sessions were scheduled in Calendar Year (CY) 2019 with statewide attendance. These webinars were designed to engage providers early in dialogue to solicit feedback on the behavioral health and crisis services identified in the approved CMS Special Terms and Conditions (STCs).

- Overview of approved BH Services in STCs: October 4 and October 8.
- Level of Care Tools: November 14.
- Children Services (Focus on Therapeutic Treatment Homes): November 19 and November 27.
- 1115 Crisis Services (Focus Peer Services): December 13.
- 1115 Crisis Services: December 19.

Embracing the opportunity to develop Peer Support services under the 1115 Waiver umbrella, DBH representatives hosted discussion forums across the state to assess the strengths and weaknesses of the Peer Support Network. Though there was overall positive reception and strong desire to integrate an array of Peer Support services throughout the behavioral health community, gaps were identified relative to provider infrastructure and cultural readiness to support expansion. DBH has since endorsed development of a Peer Support Specialist certification program to educate providers on the role and utility of Peer Support services. To date, DBH funding has been awarded to the entities developing the program's training curriculum and establishing the certifying body.

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.

Under Medicaid expansion criteria, the State is now able to support a population of Alaskans that previously experienced large deficits in preventative and intermediate levels of healthcare services due to the overwhelming financial burden of care. While expansion represented a critical move towards improved individual and community health, this increased coverage alone was not enough to mitigate Alaska's reliance on emergency services. The 1115 Waiver approved 14 new SUD services, inclusive of additional treatment service settings based on the full range of ASAM levels of care, removed the Institutions for Mental Disease (IMD) bed restriction for residential treatment facilities, granted reimbursement of Care Coordination services to complement a more holistic focus on client treatment and recovery support, and proposed workforce development opportunities and increased capacity allowances to engage and support providers integral to a more robust and diverse behavioral health infrastructure. The State anticipates that these elements together will allow clients improved access to appropriate treatment services based on their level of need, across a full continuum of care.

In Calendar Year 2019, 189 unique members received 10,378 units of 1115 SUD treatment services, totaling \$2,224,621.75. Broken out by member categories (Tables 1 and 2), the data illustrates that newly eligible Medicaid expansion recipients are the primary beneficiaries of 1115 services (\$1.97 Million, 88.6% total expenditures). In terms of treatment service codes (Table 3), the data shows approximately \$1.81 Million (81.4% total expenditures) paid to support newly expanded residential services.

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

Member Elig Category	Total Service Units	Total Paid
Disabled	538	\$86,691.80
General MCAID	413	\$167,481.03
Expansion	9,427	\$1,970,448.92
Total	10,378	\$2,224,621.75

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

B COE Cd	Values	
	Paid Units	Paid Amt
AD20SIC	340	\$59,102.52
AD20STC	191	\$24,402.25
AD69SIC	2	\$910.58
AD69STC	5	\$2,276.45
AF20AFC	307	\$130,846.37
AF20MXN	9427	\$1,970,448.92
AF50SUN	32	\$947.52
AF50TON	74	\$35,687.14
Grand Total	10378	\$2,224,621.75

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

C8 LI Proc Cd	Mod 1	Values			
		Mod 2	Mod 3	Units	Paid Amt
H0010	V1	TG	(blank)	212	\$190,800.00
H0011	V1	(blank)	(blank)	22	\$33,000.00
H0015	V1	(blank)	(blank)	3792	\$172,323.91
H0023	V1	(blank)	(blank)	1760	\$49,402.84
H0047	V1	TF	HA	26	\$12,054.38
		TG	(blank)	3842	\$1,749,224.18
H2021	V1	(blank)	(blank)	704	\$15,107.84
T1007	V1	(blank)	(blank)	20	\$2,708.60
Grand Total				10378	\$2,224,621.75

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:

Submission of the Draft Evaluation Design (ED) to CMS was completed on December 5, 2019, in advance of the March 31, 2020 PMDA deadline. DBH solicited a request for proposal (RFP) from eligible applicants to serve as the independent evaluator (IE) for this ED, and formed the proposal evaluation committee (PEC) to act as the RFP scoring body. The PEC boasted members from DBH, as well as other State of Alaska individuals experienced in behavioral health (SU/MH) and methodological/statistical expertise, two PhD research psychologists and an MPH. Submitted proposals for the IE were being evaluated based on criteria that would best represents the ideal breadth and depth of knowledge of mixed methods, Medicaid and 1115 programs, behavioral health and social science research, statistics, and methodology, prior awarding the contract. Once approved, DBH anticipates working collaboratively with the IE to revise and submit the ED to CMS per the PMDA guidelines.

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.

From the monitoring protocol/metrics workbook.

Alaska Opioid Data Dashboard, DPH – The State of Alaska's Division of Public Health (DPH) Prescription Drug Monitoring Program (PDMP) is Alaska's solution for monitoring Schedule II-IV controlled substances dispensed in the state. The PDMP

serves as a data tool by which registered medical providers can search and request information about a patient's prescription history. In the first quarter of 2019, DPH launched the Alaska Opioid Data Dashboard, providing the public with an interactive graphic tracking the statewide opioid epidemic over the most recent 12-month period. As users navigate through the various tabs, new data trends are expressed relative to the outcome measured.

Project ECHO, University of Alaska Anchorage Center for Human Development – Project ECHO (Extension for Community Healthcare Outcomes) uses videoconferencing technology to connect a team of interdisciplinary experts with primary care providers, other health services professionals, and community members. The discussions with, and mentoring from, specialists help equip participants to support individuals and their families with health and disability related needs in their home communities. Project ECHO launched the Pain & Opioid Management Program in January 2018. This pilot series comprised of nine 60-minute sessions spanning through June 2019, connecting 55 unique participants, with an average attendance of 12 participants per session. 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, by the close of business December 31, 2019.

The Alaska Behavioral Health Referral Network – A collaborative effort between DBH and the OpenBeds project team launched the TreatmentConnections online platform in Alaska in December 2019. TreatmentConnections networks referring providers, treatment agencies and clients by supporting inter-agency referrals and providing a public access point for individuals or their family members to anonymously search for and express interest in behavioral health care. Registered agencies are able to display treatment service availability, track referral activity, evaluate referrals against agency services and provide direct responses all within the integrated platform.

From the initial provider member enrollment and orientation phase in October 2019 to close of business December 31, 2019, the TreatmentConnections network consisted of 20 active State-sponsored treatment agencies, 3 active unsponsored agency members, and 14 sponsored agencies pending completion of onboarding activities. In an effort to expand access to necessary services, treatment agencies that did not meet State sponsorship criteria were permitted to join the network at their own cost. TreatmentConnections memberships were activated by some of the State's largest BH providers, as well as tribal health organization (THO) partners, illustrating the

potential utility of this 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, MTF meetings were attended on August 16, 2019 and November 22, 2019, and TBHD meetings on September 19, 2019 and December 12, 2019. These meetings related to Tribal Engagement and Collaboration are ongoing and routine.

- The State of Alaska always invites ATHS representatives to participate in workgroups and policy meetings.
- As part of the implementation of the Alaska 1115 Medicaid Demonstration Waiver, during FY19, DBH contracted for a statewide gap or infrastructure analysis which provided an opportunity for DBH leadership and the contractor to meet with providers in regional hubs across Alaska including: Anchorage, Fairbanks, Utqiagvik, Soldotna, Homer, Wasilla, Kotzebue, Nome, Bethel, Juneau, Sitka, Ketchikan, Kodiak, and Dillingham. This provided a robust opportunity for state staff to obtain feedback from tribal providers about the 1115 Waiver Demonstration Project as well as about on-going issues and concerns.
- As part of the implementation of the Alaska 1115 Medicaid Demonstration Waiver for behavioral health and substance use treatment services, the Division of Behavioral Health (DBH) created a Continuum of Care Work group (also called the Waiver Advisory Group or WAG) inclusive of Tribal Health Organizations which meets periodically to share information and obtain feedback about the waiver.
- As part of the implementation of the Alaska 1115 Medicaid Demonstration Waiver for behavioral health and substance use treatment services, DBH hosted a number of "Roundtables" inclusive of Tribal Health Organizations to discuss aspects of the waiver and gain feedback from providers.
 - 4 regional SUD Roundtable discussions were scheduled over 3 days to cover CY2019 agenda items – Southeast on April 25; Anchorage and Kodiak on May 6; Mat Su on May 6; Fairbanks and Nome on May 7.
 - A Focus Roundtable series for QAP and ACBHC began May 13.

- Special Ad Hoc meetings were convened with Alaska Native Tribal Health Consortium Behavioral Health Aide/Community Health Aide programs to determine where these provider types qualified as 1115 providers.
- DBH convened one-on-one meetings with tribal entities to review in greater detail the 1115 regulations and application of these regulations.
- DBH staff continue to provide outreach to tribal providers to assist in enrollment as 1115 SUD providers. Specific outreach is given to rural providers and determining their needs and concerns.

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.*

Significantly, the Alaska Medicaid Behavioral Health 1115 Waiver was submitted January 31, 2018, and the Special Terms and Conditions (STC amendments) for both the mental health and substance use disorder components were approved on September 3rd, 2019. The State of Alaska also began discussions with their contracted actuary during this time period to develop the budget neutrality to allow for SMI IMD services to be Medicaid reimbursable, which will be the final component included in this 1115 Waiver.

The approval period for the 1115 Waiver is from January 1, 2019 through December 31, 2023. However, few claims were processed and paid during the reporting time period of January 1, 2019 to December 30, 2019 for the following reasons:

- Bifurcated deployment of the mental health and SUD components
- Regulations went into effect for the 1115 SUD waiver services on July 1, 2019
- Learning curve of implementing a behavioral health redesign and waiver of this magnitude
- Transitioning behavioral health services to be paid by an ASO Given the timeframe of these milestones.

The State of Alaska is looking forward to collecting more data as we gain experience working within this new, dynamic environment. Significant efforts have been made to establish new reporting protocols for the 1115 Waiver. We are continuing to monitor and validate all information submitted to CMS for purposes of demonstrating budget neutrality.

Lastly, the State of Alaska is committed to ensuring the key initiatives and drivers of cost savings assumed in the 1115 Waiver application remain on target. DBH has implemented several performance measures for their contracted ASO that align with

these key initiatives. The State of Alaska continues to partner with their contracted actuary to monitor the emerging experience in relation to the 1115 Waiver key initiatives, performance measures, and overall projected costs.

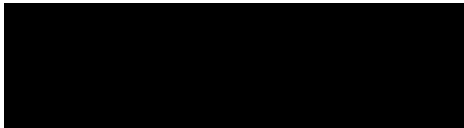
VIII. Enclosures/Attachments

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

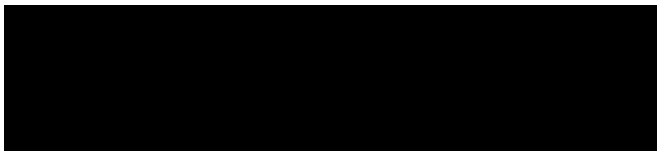
There are no attachments for this status update.

IX. State Contact(s)

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



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X. Date Submitted to CMS

3/31/2020