| COMMENTER/AGENCY | COMMENT RECEIVED | RESPONSE |
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| Melinda Freeman, Ex Director, Anchorage Project Access | I support the proposed regulation changes on the Medicaid coverage for a mental health physician clinic requirements 7 AAC 135. Which include: adopting new requirements for a mental health physician clinic; add screening and brief intervention services, and an integrated mental health and substance use intake assessment to the list of approved Medicaid services provided by a mental health physician clinic.<br><br>I support expanding Medicaid coverage to include screening and brief intervention services and an integrated mental health and substance use intake assessment. These regulation changes allow mental health clinicians a broader scope in which to assist consumers to be assessed and receive treatment for mental health conditions that may include substance use disorders. | *No response needed.* |
| Karen Henriksen | Is the repeal on the use of devices for psych assessment include ALL assessments or only the initial or periodic assessments?<br><br>Would a Medicaid client still be able to do medication management services over a device?<br><br>To my knowledge there are no local psychiatric physicians in Haines.<br><br>The burden to make a psychiatrist travel when already their population is maxed in their local community. | *The "repeal on the use of devices" only applies to the service "interactive psychiatric assessment using equipment and devices" which is no longer a recognized billable service within the CPT Coding System. This has no bearing on travel or the ability of a psychiatrist / physician to conduct services via tele-medicine.* |

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| | Alternatively to send Medicaid clients to the psychiatrist, including lodging meals travel, admin to support travel, seems counterproductive to current travel costs reductions in the proposed budget.<br><br>Also costs when sending clients who are in need of these services are sometimes doubled since they may require a companion.<br><br>If this does go through, i prefer to see a psych travel here as used to be the case when Bartlett outpatient services sent semimonthly, then monthly a psychiatrist to support clients here in Haines and Skagway.<br><br>Please add me to the list of people who are interested in the regulation updates.<br><br>Please add me to the list of PP who want to receive updates of all the Division of Behavioral Health/Dept. of Health & Social Services notices of proposed regulation changes. Additionally I'd be interested in knowing the logic behind 7A AC 135.110 as it seems counter to SAMSHAs 2019 FY 2023 Strategic Plan. Page 12 of 36 second to last bullet.<br><br>Thank you Karen Henriksen | |
| Cristina Ackerman | In regard to the public comment period. Rule Change #2 reads:<br><br>7 AAC 132. 110 (f), interactive psychiatric assessment using equipment and devices, is proposed to be repealed. The Medicaid service titled interactive psychiatric assessment using equipment and devices is no longer a recognized service by the Centers for Medicare & Medicaid, and is not a billable service under the Current | *The service code that corresponds to the 'interactive assessment' service that is to be removed is 90802. There are no changes proposed to any other billable codes.* |

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| | Procedural Terminology (CPT) Standard Edition. The current code reads: (f) The department will pay a community behavioral health services provider or mental health physician clinic for an interactive psychiatric assessment using equipment and devices, that is to serve as the professional behavioral health assessment under this section, if the recipient's condition indicates the need for a more intensive assessment, including an assessment to evaluate the need for medication. My comment is that this rule change is confusing as currently presented for comment. It is not possible to determine whether or not the department is proposing to entirely remove the add-on billing code of 90875 which can be added to most CPT codes for behavioral health interventions. This code is available for 90791, the initial non-physician assessment code, as well as for all of the psychotherapy intervention codes. It is unclear if the current proposal removes this billing code entirely, or only for particular CPT codes used for physician E/M services. Particularly for providers working with very young children, and for providers working with beneficiaries with both developmental and physical disabilities, billing for this additional payment supports the substantial investment in materials and services that decrease barriers to appropriate mental health assessment and treatment. Physicians should also have access to this reimbursement add-on code, particularly as Alaska seeks to expand developmentally appropriate mental health services for children under 5 years.<br><br>I would ask that the Department clarify this matter explicitly to reduce confusion and protect access to care for those whom cannot participate easily in traditional "talk-therapy" approach to | |

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| | assessment and intervention. Below is a web page that explains this code quite well.<br><br>Thank you for your consideration of this matter<br><br>Christian Ackerman, LCSW, IMH-E (III)<br><br>Infant Mental Health Specialist<br><br>Dba Kinship Counseling & Consulting.<br><br>P: 907.451.0300<br><br>https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/business_of_practice/cpt/2018_CPT_module_revised_March_2018.pdf | |
| Michael Abbott, CEO | Re: Notice of Proposed Changes-Medicaid Coverage, Mental Health Physician Clinic Requirements<br><br>Dear Mr. Calcote:<br><br>The Alaska Mental Health trust Authority (the Trust) is in support of the proposed changes to 7 AAC 135 which expands the Mental Health Physician Provider type to provide behavioral health clinic services under the direct supervision of any physician detailed in AS 08.64. These changes are to implement the recently approved Senate Bill 169 (SB 169). The proposed expansion of clinic services, which would include SBIRT and integrated substance use disorder assessments, is of significant value to the behavioral health service system. It is the Trusts' understanding that the intent of SB 169 was to promote a "no wrong door" approach for individuals seeking services from a physician's office, supportive | *Changing the mental health physician clinic to include all primary care settings is beyond the scope of these regulations.*<br><br>*Section 7 AAC 135.030(d) is proposed to be readopted according to the new text which directly references the requirements in AS 47.07.030(h) which now defines "direct supervision." Paragraph (5) in the new statute states: "assume professional responsibility for the services provided." Adding this same text to regulation is unnecessary.* |

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| | of statutory and/or regulatory changes that expand access to behavioral health services.<br><br>To complement the proposed changes we would like to offer the following items for consideration:<br><br>• In the spirit of SB 169, whereby the intent was to expand access to mental health clinic services in primary care settings, please consider broadening the definition of the Mental Health Physician Clinic. We recommend repealing the language "exclusively or primarily provides mental health clinic services" and replacing it with the broader terminology that supports integrated whole person care in any primary care settings.<br><br>• It is our understanding that the intent of SB 169 was to expand access in all health care clinics, note solely in mental health physician clinics. We believe this can still be achieved when the Department of Health and Social Services implements regulations supporting system reforms directed in SB 74. These regulations could expand access to behavioral health clinic services by increasing provider types to include, but not be limited to, private providers and others individuals who wish to deliver services under their scope of practice, experience and training. For example, this could allow advance nurse practitioners to enroll in and deliver Medicaid billable services.<br><br>• In order to be consistent with the proposed changes, we recommend updating the language of 7 AAC 160.990 (b) (95) to broaden the definition of mental health physician clinic.<br><br>• 7 AAC 135.030 (d)(3) previously included verbiage to specifically highlight "physician responsibility" which | *CMS has reasserted that clinic services must be provided in a clinic setting. This rule is known as the "four walls rule." The language that is proposed in these regulations repeals 7 AAC 135.030(d)(5)(B) which allows for services to be provide in a location other than the MHPC, or in effect, outside the "four walls." The department will consider adding a definition of "homeless person."*<br><br>*The department supports the integration of behavioral health services with primary care settings. The current regulations mainly address changes to requirements for mental health physician clinics. The department intends to propose subsequent regulations [in support of SB 74] which will allow behavioral health services to be provided within a physician clinic by mental health professionals licensed under AS 08.* |

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| | previously read as "assumes responsibility for treatment given", and was repealed at some point. Please consider adding it back.<br><br>• The settings detailed in 7AAC 135-030 (5) (A) (i-ii) used to include any location that was clinically appropriate as long as it was documented in the clinical record. The revised regulation no longer allows this flexibility and now includes the caveat of "unless the service is provided to a homeless person". Please consider keeping the broad setting parameters or, at a minimum, providing a definition of "homeless person".<br><br>If there are questions about these comments, please contact Autumn Vea (269-3942) or Michael Baldwin (269-7969).<br><br>Thank you for your time and consideration<br><br>Michael K. Abbott, CEO<br><br>Re: Notice of Proposed Changes- Medicaid Coverage, Mental Health Physician Clinic Requirements | |

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| | Dear Mr. Calcote,<br><br>The All Alaska Pediatric Partnership is a nonprofit organization dedicated to improving health outcomes for children in Alaska through collaborations, education and training to pediatric and family practice providers, and advocacy of best practices and improved systems of care for Alaska. As such, we have taken a great interest in SB 169 and its potential to increase access to much needed behavioral health services for our pediatric community.<br><br>In 2018, we learned from Senator Cathy Giessel about SB169 because of our interest in expanding access to pediatric mental health services. As the language of the bill was unclear, Senator Giessel clarified her intent in sponsoring this bill, and that was to promote a "no wrong door" approach for individuals seeking services from a physician's office, especially children and youth seeking services in pediatric settings.<br><br>Based on our understanding of the regulations drafted, we are concerned that the original intent for SB169 is no longer reflected in this bill and its regulations. It is also our understanding that there are only a handful of Mental Health Physician Clinics in the state, hence this bill would do little to increase access to mental health services. To achieve this designation of a Mental Health Physician Clinic, a practice must “"exclusively or primarily provide mental health clinic services" thus excluding almost all primary care provider practices in Alaska, as there is no reimbursement system in place for providing mental health services in those settings. | *Under 7 AAC 110.445 physicians are permitted to provide mental health services. This regulation also allows that a licensed psychologist may also provide psychological testing services within a physician practice. The current proposed regulations only address the changes to requirements for a mental health physician clinic. The department intends to file subsequent regulations that will allow other mental health professionals licensed under AS 08 to provide services within a physician practice.* |

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| | Because the original intent behind SB 169 was to expand access to mental health clinic services in all primary care clinic settings, not just mental health clinics, the All Alaska Pediatric Partnership strongly supports statutory and/or regulatory changes that expand access to behavioral health services.<br><br>Some examples include:<br><br>• Broadening the definition of the Mental Health Physician Clinic. We recommend repealing the language "exclusively or primarily provides mental health clinic services" and replacing it with the broader terminology that supports integrated whole person care in any primary care settings.<br><br>• We recommend that the Department of Health & Social Services implements regulations supporting system reforms directed in SB 74. These regulations could expand access to behavioral health clinic services by increasing provider types to include, but not be limited to, private providers and other individuals who wish to deliver services under their scope of practice, experience and training. For example, this could allow advance nurse practitioners to enroll in and deliver Medicaid billable services.<br><br>• In order to be consistent with the proposed changes, we recommend updating the language of 7 AAC 160.990 (b) (95) to broaden the definition of a mental health physician clinic in a way that is inclusive of primary care practices that do not currently provide mental health services | |

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| Tama Ben-Yosef, Ex Dir | • The settings detailed in 7 AAC 135.030(5) (A) (i-ii) used to include any location that was clinically appropriate as long as it was documented in the clinical record. The revised regulations no longer allows this flexibility and now includes the caveat of "unless the service is provided to a homeless person". Please consider keeping the broad setting parameter.<br><br>Thank you for taking the time to consider these comments.<br><br>Sincerely,<br><br>Tamar Ben-Yosef, Executive Director<br><br>  <br><br>All Alaska Pediatric Partnership | |