Comagine Health

Alaska Horizons: Building Resilience in Behavioral Health

Presented by Comagine Health and the State of Alaska Department of Health, Division of Behavioral Health

May 16, 2024

Comagine Health

Welcome and Introduction

Yvette Stratton, RN, BSN, CCM
Executive Director, Care Management
Comagine Health

Thursday, May 16th, 2024 • BP Energy Center, Anchorage, AK
& Via Zoom

Time	Facilitator	Topic
9:00 a.m. – 9:05 a.m.	**Yvette Stratton, RN, BSN, CCM** Executive Director, Care Management Comagine Health	***Welcome*** ***Introductions for the Day***
9:05 a.m. – 9:35 a.m.	**Tracy Dompeling** Division Director State of Alaska Division of Behavioral Health	***State of Alaska Updates***
9:35 a.m. – 10:35 a.m.	**Elizabeth "Liz" LaRue, CPC, CPB** Medicaid Program Specialist II Department of Health	***Travel Presentation***
10:35 a.m. – 10:45 a.m.	***BREAK***	
10:45 a.m. – 11:45 a.m.	**Linda Rasmussen** Supervisor, Clinical Review Comagine Health	***Utilization Review***
11:45 a.m. – 12:45 p.m.	**Sheli DeLaney** Suicide Prevention Program Coordinator Division of Behavioral Health	***Zero Suicide and 988 Implementation Updates***
12:45 p.m. – 1:00 p.m.	***BREAK***	
1:00 p.m. – 2:00 p.m.	**Eric Boyer, MPH** Senior Program Officer Alaska Mental Health Trust Authority	***Crisis Now Program Updates and Initiatives***
2:00 p.m. – 3:00 p.m.	**Kimberley Lawrence, MS, LCSW** Lead Care Coordinator Comagine Health **Leanne Barske, RN, MSN** Care Coordinator Comagine Health	***Care Coordination and Discharge Planning*** ***Case Study***
3:00 p.m. – 3:10 p.m.	**Yvette Stratton, RN, BSN, CCM** Executive Director, Care Management Comagine Health	***Wrap up and Overview***

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State of Alaska Updates

Tracy Dompeling
Division Director
State of Alaska Division of Behavioral Health

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Travel Presentation

Elizabeth “Liz” LaRue, CPC, CPB
Medicaid Program Specialist II
Department of Health



Alaska Department of Health

Non-Emergency Medical Transportation (NEMT)

Presented by:
Carrie Silvers & Elizabeth Larue
Medicaid Program Specialists for Transportation

Presentation Objectives

- Overview of Transportation Programs in Alaska ‘
- Fraud and Abuse
- Review NEMT Program Rules
- Overview of Provider Responsibilities
- Provide an overview of Non-Emergency Transportation Services Covered Under Alaska Medicaid
- Review How to Request Travel
- Spotlight on Alaska Medicaid’s Efforts to Improve the NEMT Program

Alaska Medicaid Transportation Programs

Alaska Medicaid Transportation Programs

Non-Emergency Medical Transportation (NEMT):

- Transportation (air, ferry, or ground) and accommodation (hotel and meals) services for medical appointments.
- Available to Alaska Medicaid members with unrestricted benefits.
- Healthcare providers arrange travel.

Early Periodic Screening, Diagnosis, and Treatment (EPSDT):

- A component of NEMT for children and women with pregnancy benefits to include postpartum.
- Ground transportation for medical appointments and WIC.
- Assists with coordinating appointments and travel.
- Members and Healthcare providers may arrange travel.

Home and Community Based Waiver (HCBW):

- Ground transportation to non-medical events associated with authorized HCBW services.
- Available to members with an approved Waiver plan of care that includes transportation services.
- Transportation providers are certified through the Division of Senior and Disability Services.

Ambulance Transportation:

- Emergency and planned transportation (Air, water, or ground) events where all other modes of transportation are contraindicated.
- Available to Alaska Medicaid members with unrestricted benefits.

Fraud and Abuse

Fraud: Medicaid rules define fraud as "an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit for that person.

Abuse: Practices inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, reimbursement for services that are not medically necessary, or for services that fail to meet professionally recognized standards for health.

Some Examples of Fraud and Abuse Related to Travel

- Using travel vouchers to get to non-medical locations other than home.
- Misrepresenting or exaggerating the purpose and/or need for travel .
- Using the NEMT program for travel to another community and then no showing the appointments the travel was approved for.
- Misrepresenting the members physical and/behavioral health need to obtain a higher level of transport than needed

Tips on Preventing Fraud and Abuse

- Be though and accurate when describing the member's needs.
- Educate members on appropriate use of voucher.
- Attend provider trainings that go over the programs rules.
- Report suspected fraud and/or abuse.

Message Hotline to Report Medicaid Fraud 1-907-269-6279



NEMT Program

Spotlight on Alaska Medicaid's Non-Emergency Medical Transportation Program

Assurance of Transportation Requirements

The assurance of transportation requires states to ensure that Medicaid enrollees without other transportation means have transportation – including both NEMT and emergency medical transportation – when necessary to access covered services. These services can be provided through multiple modes in recognition of varied individual needs and geography/terrain across states.



Program Rules to Keep in Mind When Requesting Travel



- ✓ **Program Purpose:** Assure transportation for members who do not have the resources to travel themselves to medically necessary services covered by Alaska Medicaid
- ✓ **Based on Medical Need:** Travel requests should be reasonable and not exceed a member's medical need
- ✓ **Closest/Most Appropriate:** Medicaid covers travel expenses to the closest most appropriate provider – Most appropriate may not be the closest and may be approved with justification
- ✓ **Least Expensive / Most Appropriate:** Coverage is limited to the least expensive means meets the members medical and behavioral health needs
  - ~ What level of transport is needed – ambulance vs. taxi or commercial air vs. charter
  - ~ Telehealth should be considered prior to travel
- ✓ **Travel Consolidation:** Members with multiple healthcare needs should schedule appointments together
  - ~ Families needing to travel multiple members to another community for healthcare should consolidate appointments with each other to minimize frequency of travel

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Overview of Changes Over

Redesigned and Standardization Transportation Forms

Standardized forms so the right information is collected the first time and consistent determinations

Creation of Defined Travel Packets

Easily determine what needs to be submitted for your travel scenario.

Newly Defined Travel Queues

To accommodate the change to paper submissions, call center queues have been redesigned to ensure quicker call times.

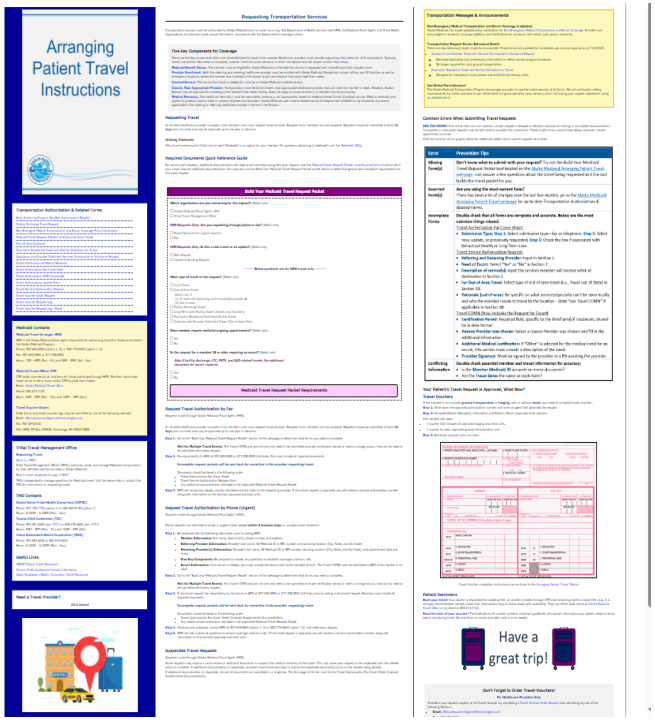
Virtual Hold Options for Phone Queues

Virtual hold allows you to keep your place in the phone queue without having to remain on hold. Once you are next in the queue, you will receive a call back and connect you to the next available agent.

Overview of Changes (Cont.)

Publication of the Brand-New Alaska Medicaid Arranging Patient Travel Website:

- Centralized location for all travel related information
- Build Your Medicaid Travel Packet tool
- Arranging Patient Travel Instructions
- Forms
- Announcements
- Travel Voucher Information
- Common Errors when Submitting Travel Requests
- Contacts



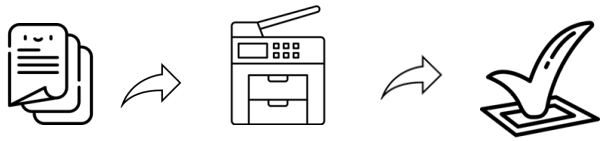
Alaska Department of Health

Overview of Changes Over

Reduced Call Hold Times The transition to paper submissions was initiated to drive down hold times. We are happy to report hold times are consistently under 5 min. at any given time. 5 hour hold times are a thing of the past.

Quicker Response to Urgent Needs
Transitioning non-urgent requests to paper allows HMS to reserve submissions by telephone to urgent or complex travel requests.

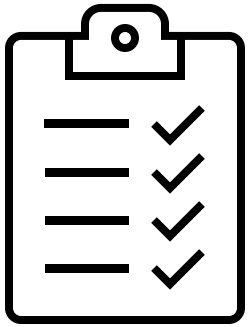
Improvement Opportunities
Paper submission provides HMS with opportunities to streamline and standardize the process for requesting travel.



Implementation of the Presumptive Travel Request Process:

- **Expanded Parameters for Requesting Travel**
  Providers can now request travel up to 12 months in advance and submit as little as one request per year for multiple travel events.
- **Increased Time to Arrange Travel**
  Members can book air/ferry travel and hotels up to 12 months in advance.
- **Quicker Processing Times**
  No more pended requests waiting for member's monthly eligibility to show.
- **Voucher Distribution**
  Increased the time providers have for mailing vouchers to members in remote villages not connected to a road system.
- **Consolidated Authorizations**
  No more tracking multiple requests and faxing documents for subsequent requests. Providers will now have as little as one service authorization a year per member.

Assurance of Transportation Requirements



Five Key Components for Coverage

There are five key components that must be established for travel to be covered. Healthcare providers must provide supporting information for all 5 components. Typically, verbal and written information is accepted, however there are some scenarios in which the department will require written information.

Medicaid Benefit Status: The member must be eligible for Alaska Medicaid on the date the service is requested with a benefit plan that includes travel.

Provider Enrollment: Both the referring and receiving healthcare provider must be enrolled with Alaska Medicaid. Exceptions include military and VA facilities as well as emergency situations where the member was traveled to the closest acute care hospital that could meet their needs.

Covered Service: The service the travel is needed for must be an Alaska Medicaid covered service.

Closest, Most Appropriate Provider: Transportation must be to the closest most appropriate healthcare provider that can meet the member's needs. However, Alaska Natives may be approved for traveling to the nearest tribal health facility. Does not apply to travel services in a member's home community.

Medical Necessity: The healthcare service(s) must be reasonable, necessary, and appropriate, based on evidence-based clinical standards of care. Medical necessity also applies to products used to treat or prevent diseases and disorders. Alaska Medicaid uses criteria established by the Department of Health or by standards of practice applicable to the ordering or referring healthcare provider's license or certification.

AK Medicaid Provider Rolls and Responsibilities

Provider Responsibilities

- Request prior a
- Assist with scheduling healthcare appointments as needed
- Schedule appointments in a manner that minimizes the member's time spent away from home
- Limit weekend travel/lodging to only when necessary for the member's treatment
- Provide needed updates to prior authorizations when travel plans change, or flights are canceled
- Verify medical necessity of transportation for follow-up care needed and any applicable escort services not authorized in the initial visit by the referring provider

AK Medicaid Provider Rolls and Responsibilities

Provider Responsibilities

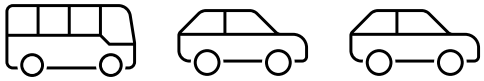
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Covered Transportation Benefits for NEMT

Local Transportation

- Shuttle
- Taxi/Vehicle for Hire
- Bus
- Wheelchair Van





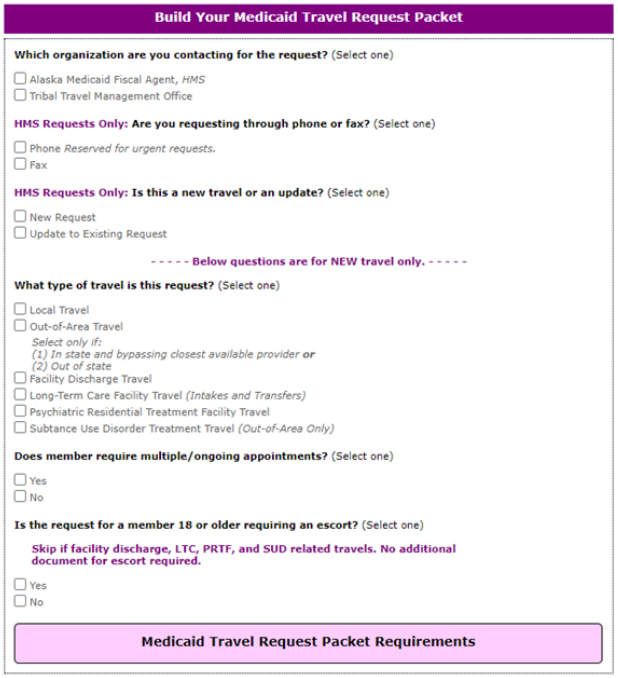
Out of Area Transportation

- Shuttle
- Taxi/Vehicle for Hire
- Bus
- Wheelchair Van
- Ferry
- Flights
- Lodging
- Meals
- Pre-maternal home

Required Documents Quick Reference Guide

Use the Medicaid Travel Request Packets and Documentation Guide to see what documents need to be submitted when requesting travel.

Try out the *Build Your Medicaid Travel Request Packet* portlet on the Arranging Patient Travel website - Just answer a few questions about the travel being requested and this tool builds the travel packet for you.



Build Your Medicaid Travel Request Packet

Which organization are you contacting for the request? (Select one)

- ☐ Alaska Medicaid Fiscal Agent, *HMS*
- ☐ Tribal Travel Management Office

HMS Requests Only: Are you requesting through phone or fax? (Select one)

- ☐ Phone *Reserved for urgent requests.*
- ☐ Fax

HMS Requests Only: Is this a new travel or an update? (Select one)

- ☐ New Request
- ☐ Update to Existing Request

- - - - - Below questions are for NEW travel only. - - - - -

What type of travel is this request? (Select one)

- ☐ Local Travel
- ☐ Out-of-Area Travel
  Select only if:
  (1) In state and bypassing closest available provider ***or***
  (2) Out of state
- ☐ Facility Discharge Travel
- ☐ Long-Term Care Facility Travel *(Intakes and Transfers)*
- ☐ Psychiatric Residential Treatment Facility Travel
- ☐ Substance Use Disorder Treatment Travel *(Out-of-Area Only)*

Does member require multiple/ongoing appointments? (Select one)

- ☐ Yes
- ☐ No

Is the request for a member 18 or older requiring an escort? (Select one)

Skip if facility discharge, LTC, PRTF, and SUD related travels. No additional document for escort required.

- ☐ Yes
- ☐ No

Medicaid Travel Request Packet Requirements

Travel Request Categories - Packets



Local Travel*

Required documents:

Travel Authorization Fax Coversheet

Travel Service Authorization Request Form



Out of Area Travel*

Required documents:

Travel Authorization Fax Coversheet

Travel Service Authorization Request Form

Travel COMN



Routine Travel*

Required documents:

Travel Authorization Fax Coversheet

Travel Service Authorization Request Form

Plan of Care (POC)



Discharges*

Required documents:

Travel Authorization Fax Coversheet

Facility Discharge Travel Request

**If an adult Alaska Medicaid member requires an escort, Section 2 of the Travel COMN must be completed.*

Travel Request Categories - Packets



SUD Treatment*

Required documents:

Travel Authorization Fax Coversheet

Travel Service Authorization Request Form

Substance Use Disorder Form



Behavioral Health Transportation*

Required documents:

Travel Authorization Fax Coversheet

Travel Service Authorization Request Form



Therapeutic Home Pass

Required documents:

Travel Authorization Fax Coversheet

Travel Service Authorization Request Form

Psychiatric Residential Treatment Facility Attestation for Travel



On-Site Family Therapy

Required documents:

Travel Authorization Fax Coversheet

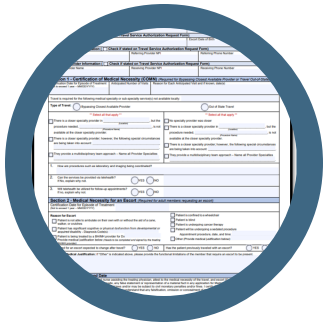
Travel Service Authorization Request Form

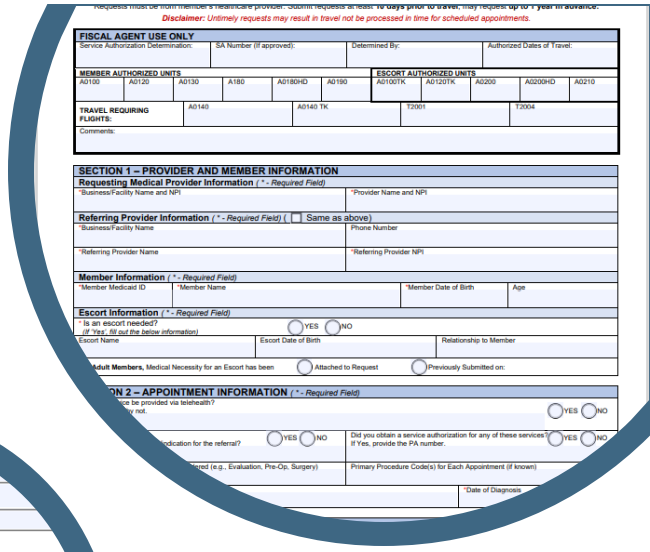
Psychiatric Residential Treatment Facility Attestation for Travel

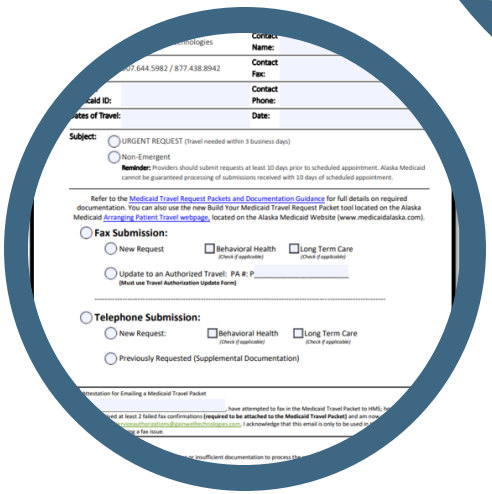
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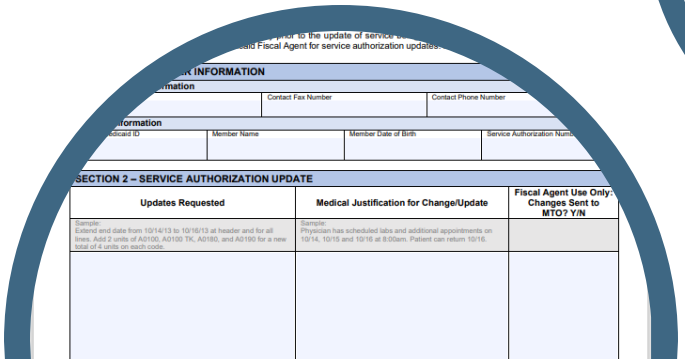
Medicaid Travel Request Forms

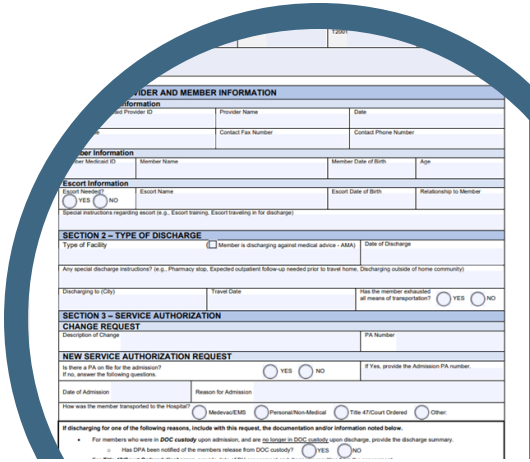
- Travel Authorization Fax Coversheet
- Travel Service Authorization Request Form
- Travel Certification of Medical Necessity (COMN)
- Travel Authorization Update Form
- Facility Discharge Form









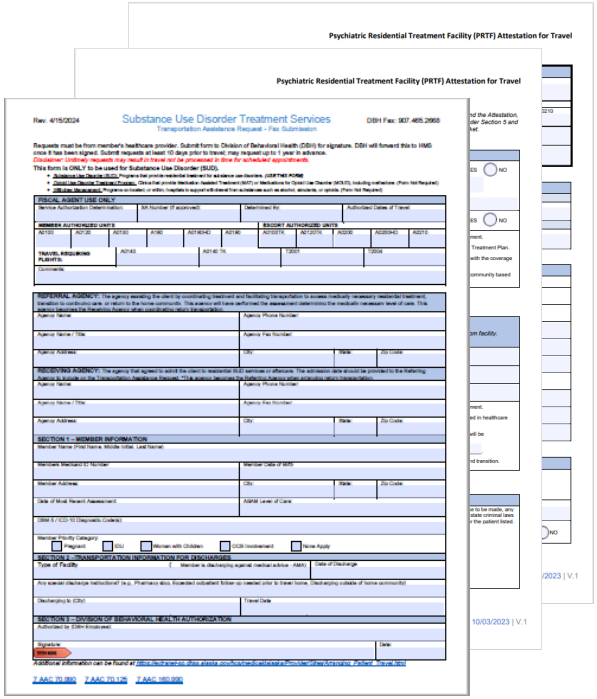


Alaska Department of Health

Travel Related Forms for Behavioral Health

Substance Use Disorder Treatment Form

Psychiatric Residential Treatment Facility Attestation for Travel



Travel Certification of Medical Necessity



Member and Provider Information

Member Information *(Required Field)*

Member Medicaid ID	Member Name	Member Date of Birth	Age

Escort Information ☐ **Check if stated on Travel Service Authorization Request Form**

Escort Needed?	Escort Name	Escort Date of Birth	Relationship to Member
◯ YES ◯ NO			

Referring Provider Information ☐ **Check if stated on Travel Service Authorization Request Form**

Referring Provider Name	Referring Provider NPI	Referring Phone Number

Receiving Provider Information ☐ **Check if stated on Travel Service Authorization Request Form**

Receiving Provider Name	Receiving Provider NPI	Receiving Phone Number

Section 1 - Certification of Medical Necessity (COMN) *(Required for Bypassing Closest Available Provider or Travel Out-of-State)*

Certification Date for Episode of Treatment (Not to exceed 1 year – MM/DD/YYYY)	Anticipated Number of Visits	Reason for Each Anticipated Visit and if known, date(s)

What medical specialty or sub-specialty service(s) is the member traveling for?

Type of Travel: ◯ Bypassing Closest Available Provider ◯ Out of State Travel

** Select all that apply below **

☐ No specialty provider is closer (Out-of-State Travel Only)

☐ There is a closer specialty provider in _____ (Location), but the procedure needed, _____ (Procedure Name), is not available at the closer specialty provider.

☐ There is a closer specialty provider; however, the following special circumstances are being taken into account: _____

☐ They provide a multidisciplinary team approach – Name all Provider Specialties _____

1. How are procedures such as laboratory and imaging being coordinated?
2. Can the services be provided via telehealth? If No, explain why not. ◯ YES ◯ NO
3. Will telehealth be utilized for follow-up appointments? If no, explain why not. ◯ YES ◯ NO

Section 2 - Medical Necessity for an Escort *(Required for adult members requesting an escort)*

Certification Date for Episode of Treatment (Not to exceed 1 year – MM/DD/YYYY)

Reason for Escort

☐ Patient is not able to ambulate on their own with or without the aid of a cane, walker, or crutches

☐ Patient has significant cognitive or physical dysfunction from *developmental or acquired* disability - Diagnosis Code(s): _____

☐ Patient is being treated by a Behavioral Health/Mental Health provider for Diagnosis Code(s)_____ - Provide medical justification *below (Needs to be completed/signed by the treating behavioral health/mental health provider)*

☐ Patient is confined to a wheelchair

☐ Patient is blind

☐ Patient is undergoing cancer therapy

☐ Patient will be undergoing a sedated procedure Appointment procedure, date, and time: _____

☐ Other (Provide medical justification below): _____

Is the need for an escort expected to change after travel? ◯ YES ◯ NO | Has the patient previously traveled with an escort in the last year? ◯ YES ◯ NO

Additional Medical Justification: If "Other" is indicated above, please provide the functional limitations of the member that require an escort to be present.

Attestation, Signature and Date

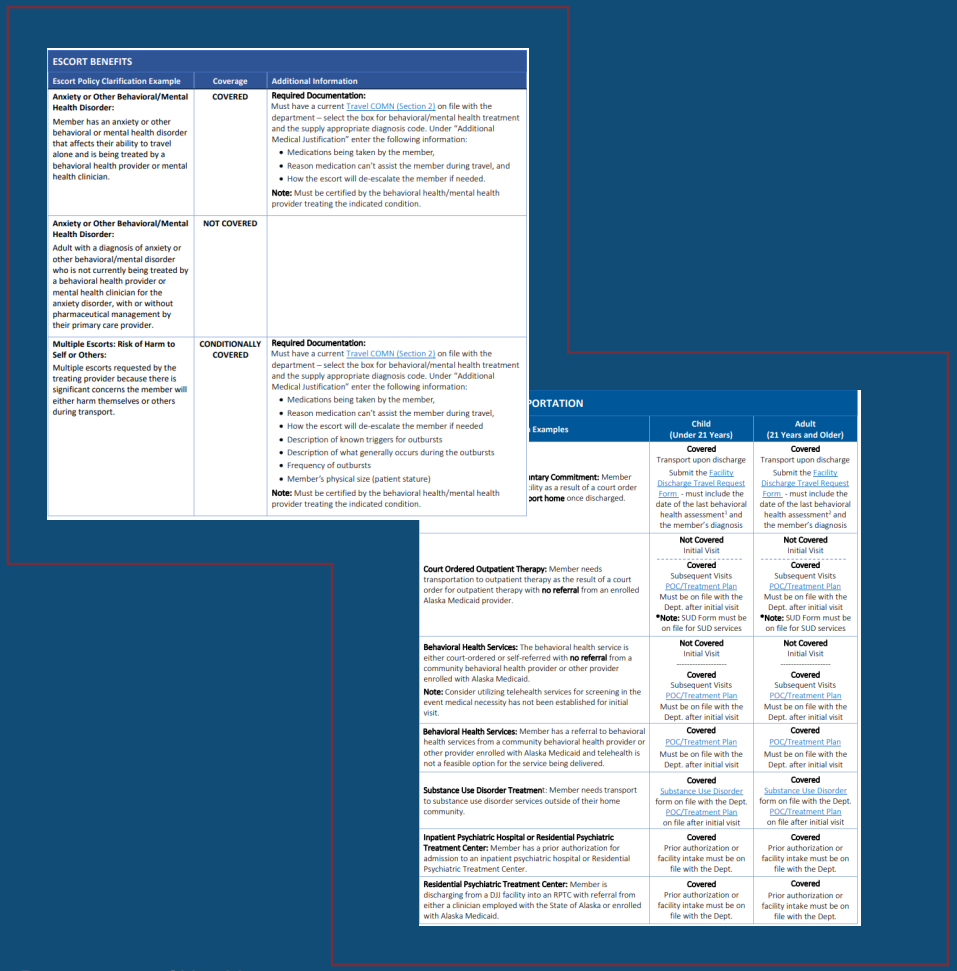
I, as the treating provider or registered nurse assisting the treating provider, attest to the medical necessity of the travel, and escort (if applicable), and understand that if I knowingly or willfully make or cause to be made, any false statement or representation of a material fact in any application for Medicaid benefits or Medicaid payments may be prosecuted under federal and/or state criminal laws and/or may be subject to civil monetary penalties and/or fines. I certify that I have reviewed the travel request and that I deem them medically necessary for the patient listed. I understand that any falsification, omission or concealment of material fact may subject me to civil monetary penalties, fines or criminal prosecution.

Printed Name of Treating Provider

Signature of Treating Provider | Date

NEMT and Escort

Coverage Guidance



ESCORT BENEFITS

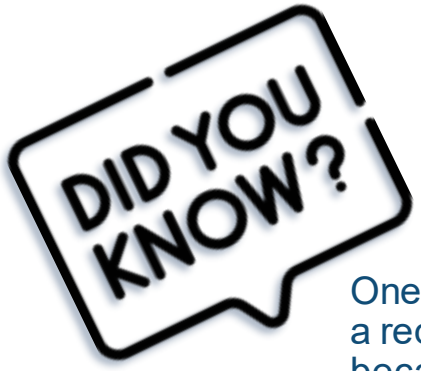
Escort Policy Clarification Example	Coverage	Additional Information
Anxiety or Other Behavioral/Mental Health Disorder: Member has an anxiety or other behavioral or mental health disorder that affects their ability to travel alone and is being treated by a behavioral health provider or mental health clinician.	**COVERED**	**Required Documentation:** Must have a current Travel COMN (Section 2) on file with the department – select the box for behavioral/mental health treatment and the supply appropriate diagnosis code. Under "Additional Medical Justification" enter the following information: • Medications being taken by the member, • Reason medication can't assist the member during travel, and • How the escort will de-escalate the member if needed. **Note:** Must be certified by the behavioral health/mental health provider treating the indicated condition.
Anxiety or Other Behavioral/Mental Health Disorder: Adult with a diagnosis of anxiety or other behavioral/mental disorder who is not currently being treated by a behavioral health provider or mental health clinician for the anxiety disorder, with or without pharmaceutical management by their primary care provider.	**NOT COVERED**	
Multiple Escorts: Risk of Harm to Self or Others: Multiple escorts requested by the treating provider because there is significant concerns the member will either harm themselves or others during transport.	**CONDITIONALLY COVERED**	**Required Documentation:** Must have a current Travel COMN (Section 2) on file with the department – select the box for behavioral/mental health treatment and the supply appropriate diagnosis code. Under "Additional Medical Justification" enter the following information: • Medications being taken by the member, • Reason medication can't assist the member during travel, • How the escort will de-escalate the member if needed • Description of known triggers for outbursts • Description of what generally occurs during the outbursts • Frequency of outbursts • Member's physical size (patient stature) **Note:** Must be certified by the behavioral health/mental health provider treating the indicated condition.

PORTATION

Examples	Child (Under 21 Years)	Adult (21 Years and Older)
ntary Commitment: Member lity as a result of a court order **ort home** once discharged.	**Covered** Transport upon discharge Submit the Facility Discharge Travel Request Form - must include the date of the last behavioral health assessment[1] and the member's diagnosis	**Covered** Transport upon discharge Submit the Facility Discharge Travel Request Form - must include the date of the last behavioral health assessment[1] and the member's diagnosis
Court Ordered Outpatient Therapy: Member needs transportation to outpatient therapy as the result of a court order for outpatient therapy with **no referral** from an enrolled Alaska Medicaid provider.	**Not Covered** Initial Visit ---------- **Covered** Subsequent Visits POC/Treatment Plan Must be on file with the Dept. after initial visit ***Note:** SUD Form must be on file for SUD services	**Not Covered** Initial Visit ---------- **Covered** Subsequent Visits POC/Treatment Plan Must be on file with the Dept. after initial visit ***Note:** SUD Form must be on file for SUD services
Behavioral Health Services: The behavioral health service is either court-ordered or self-referred with **no referral** from a community behavioral health provider or other provider enrolled with Alaska Medicaid. **Note:** Consider utilizing telehealth services for screening in the event medical necessity has not been established for initial visit.	**Not Covered** Initial Visit ---------- **Covered** Subsequent Visits POC/Treatment Plan Must be on file with the Dept. after initial visit	**Not Covered** Initial Visit ---------- **Covered** Subsequent Visits POC/Treatment Plan Must be on file with the Dept. after initial visit
Behavioral Health Services: Member has a referral to behavioral health services from a community behavioral health provider or other provider enrolled with Alaska Medicaid and telehealth is not a feasible option for the service being delivered.	**Covered** POC/Treatment Plan Must be on file with the Dept. after initial visit	**Covered** POC/Treatment Plan Must be on file with the Dept. after initial visit
Substance Use Disorder Treatment: Member needs transport to substance use disorder services outside of their home community.	**Covered** Substance Use Disorder form on file with the Dept. POC/Treatment Plan on file after initial visit	**Covered** Substance Use Disorder form on file with the Dept. POC/Treatment Plan on file after initial visit
Inpatient Psychiatric Hospital or Residential Psychiatric Treatment Center: Member has a prior authorization for admission to an inpatient psychiatric hospital or Residential Psychiatric Treatment Center.	**Covered** Prior authorization or facility intake must be on file with the Dept.	**Covered** Prior authorization or facility intake must be on file with the Dept.
Residential Psychiatric Treatment Center: Member is discharging from a DJJ facility into an RPTC with referral from either a clinician employed with the State of Alaska or enrolled with Alaska Medicaid.	**Covered** Prior authorization or facility intake must be on file with the Dept.	**Covered** Prior authorization or facility intake must be on file with the Dept.

https://extranet-sp.dhss.alaska.gov/hcs/medicaidalaska/Provider/Updates/NEMT_Escort_Coverage_Flyer_20231129.pdf

Common Errors When Submitting Travel Requests



One of the most common reasons a request for travel is delayed is because there are errors in the required documents submitted for review.

Check out the Common Errors When Submitting Travel Requests Chart on the Alaska Medicaid Arranging Patient Travel Website for preventive tips.

Error	Prevention Tips
Missing Form(s)	**Don't know what to submit with your request?** Try out the *Build Your Medicaid Travel Request Packet* tool located on the Alaska Medicaid Arranging Patient Travel webpage. Just answer a few questions about the travel being requested and the tool builds the travel packet for you.
Incorrect Form(s)	**Are you using the most current form?** There has been a lot of changes over the last few months, go to the Alaska Medicaid Arranging Patient Travel webpage for up to date *Transportation Authorization & Related Forms*.
Incomplete Forms	**Double check that all forms are complete and accurate. Below are the most common things missed:** Travel Authorization Fax Cover Sheet: • **Submission Type: Step 1:** Select submission type—fax or telephone. **Step 2:** Select new, update, or previously requested. **Step 3:** Check the box if associated with Behavioral Health or Long-Term Care. Travel Service Authorization Request: • **Referring and Receiving Provider:** Input in Section 1. • **Need of Escort:** Select "Yes" or "No" in Section 1. • **Description of service(s):** Input the services member will receive while at destination in Section 2. • **For Out-of-Area Travel:** Select type of out of area travel (i.e., Travel out of State) in Section 3B. • **Rationale (out-of-area):** Be specific on what services/specialty can't be done locally and why the member needs to travel to the location – State "see Travel COMN" if applicable in Section 3B. Travel COMN (Now includes the Request for Escort) • **Certification Period**: Required field, specific to the timeframe of treatment, should be in date format. • **Reason Provider was chosen:** Select a reason Provider was chosen and fill in the additional information. • **Additional Medical Justification:** If "Other" is selected for the medical need for an escort, this section must contain a description of the need. • **Provider Signature**: Must be signed by the provider or a RN assisting the provider.
Conflicting Information	**Double check essential member and travel information for accuracy:** • Is the **Member Medicaid ID** accurate on every document? • Are the **Travel Dates** the same on each form?

Travel Cancellations



When a patient's and/or escort's travel plans change or they cannot make a scheduled flight, the patient, escort, or provider MUST call the entity that scheduled the flight BEFORE their flight departs.



If it is after hours, patient and/or patient's escort will need to call the after-hours number and follow all the phone prompts.



If a missed flight is not cancelled prior to departure, the remainder of the itinerary will be cancelled by the airline and Alaska Medicaid will NOT pay to rebook the flight.

Service Authorization Denials

Members are notified by mail when transportation services are denied. The notification informs the member of their right to a fair hearing.



Fair hearing requests can be made to: HMS
Attn: Fair Hearing Representative
PO Box 240808
Anchorage, AK 99524-0808

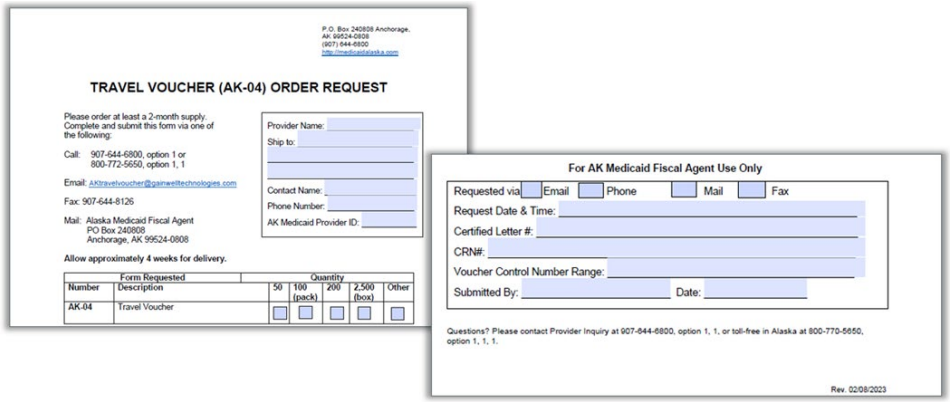


Additional Fair Hearing information is available at:
http://dhss.alaska.gov/dhcs/Documents/publications/Fair_Hearings.pdf

Travel Voucher (AK-04 Form)

- Completed by the healthcare provider who obtained the service authorization.
- Transportation and accommodation providers must receive the travel voucher to be reimbursed for services rendered.
- The member/escort must carry these during travel and present to taxi drivers and the hotel.
- Hotel and meal vouchers will be authorized the same number of units.
- Taxi vouchers should only have 1 unit for each member and escort per voucher.
- The member will need additional vouchers if travel is extended.
- Services will not be reimbursed if services are not prior approved.

Requesting Travel Vouchers



P.O. Box 240808 Anchorage, AK 99524-0808
(907) 644-6800
http://medicaidalaska.com

TRAVEL VOUCHER (AK-04) ORDER REQUEST

Please order at least a 2-month supply. Complete and submit this form via one of the following:

Call: 907-644-6800, option 1 or 800-772-5650, option 1, 1

Email: AKtravelvoucher@gainwelltechnologies.com

Fax: 907-644-8126

Mail: Alaska Medicaid Fiscal Agent
PO Box 240808
Anchorage, AK 99524-0808

Provider Name:
Ship to:
Contact Name:
Phone Number:
AK Medicaid Provider ID:

Allow approximately 4 weeks for delivery.

Form Requested		Quantity				
Number	Description	50	100 (pack)	200	2,500 (box)	Other
AK-04	Travel Voucher	☐	☐	☐	☐	☐

For AK Medicaid Fiscal Agent Use Only

Requested via ☐ Email ☐ Phone ☐ Mail ☐ Fax
Request Date & Time:
Certified Letter #:
CRN#:
Voucher Control Number Range:
Submitted By: Date:

Questions? Please contact Provider Inquiry at 907-644-6800, option 1, 1, or toll-free in Alaska at 800-770-5650, option 1, 1, 1.

Rev. 02/08/2023

Email request with all required information to Aktravelvoucher@gainwelltechnologies.com

Call Provider Inquiry to request forms at 907.644.6800 (option 1, 1) or toll-free at 800.770.5650 (option 1, 1, 1)

- Follow the prompts to order vouchers
- If you are calling outside of business hours, leave a voicemail and you will receive a response within 1 business day

Fax to: 907.644.8126

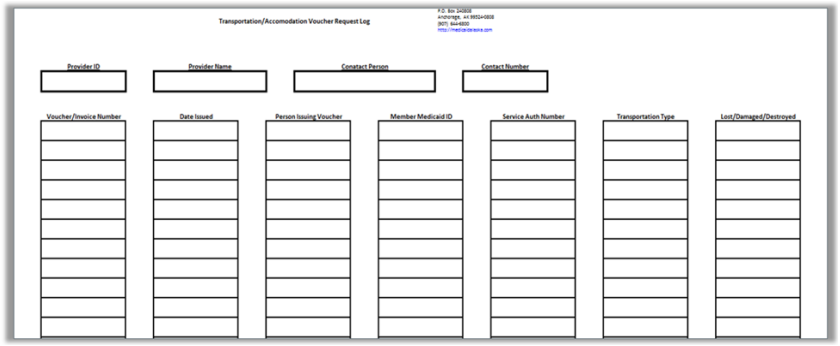
Mail to:
HMS | PO Box 240808 | Anchorage, AK 99524-0808

Travel Voucher – Documentation Requirements

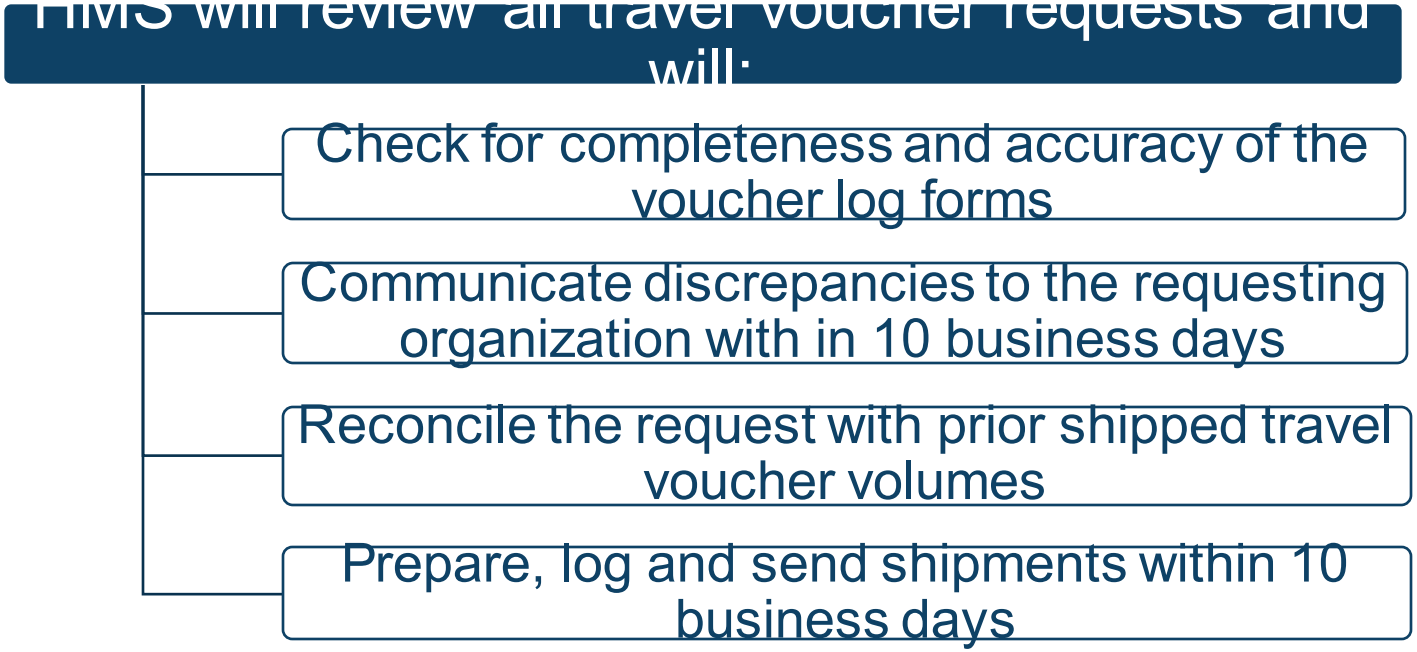
Providers should use the Transportation/Accommodation Voucher Request Log spreadsheet to record information about the vouchers they are issued.

The following information must be submitted with requests for additional vouchers:

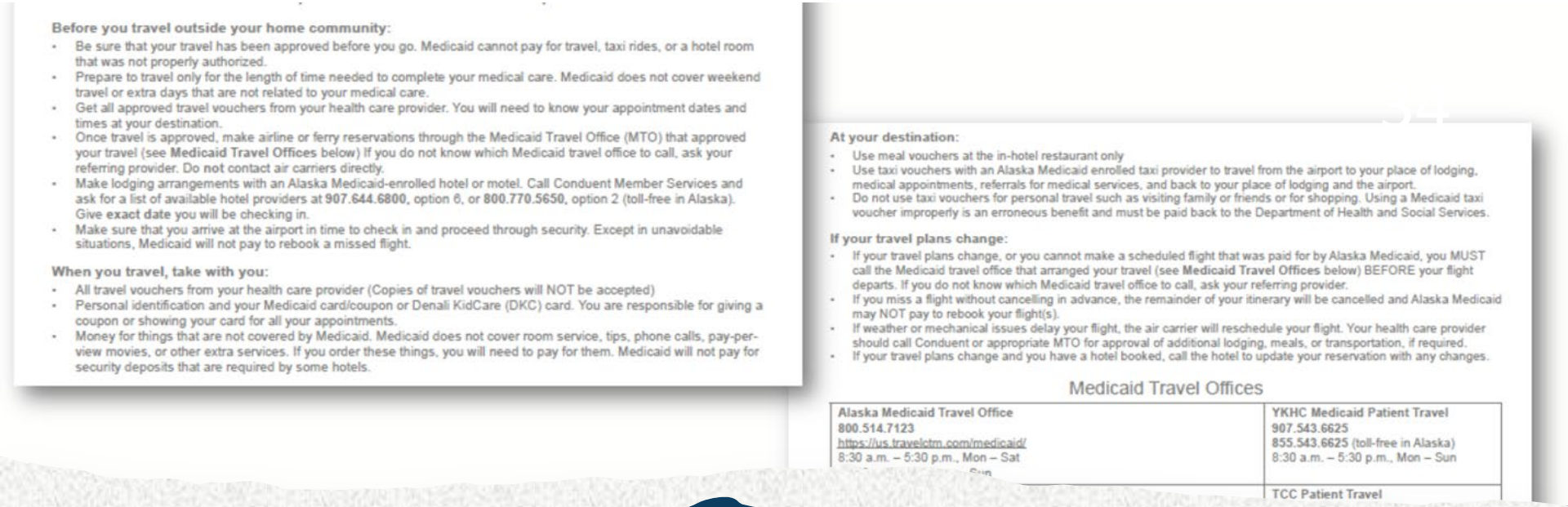
- Voucher or Invoice Number
- Date Issued
- Who issued the voucher
- Medicaid member ID
- Applicable prior authorization number
- Service type (Hotel/Taxi)
- Additional column for lost, damaged or destroyed voucher
- Patient account number (on Excel form)



Travel Voucher Processing



*If voucher log forms are not included with new voucher requests, the provider will need to attend retraining and submit a statement as to why the issued vouchers were not documented.



Before you travel outside your home community:

- Be sure that your travel has been approved before you go. Medicaid cannot pay for travel, taxi rides, or a hotel room that was not properly authorized.
- Prepare to travel only for the length of time needed to complete your medical care. Medicaid does not cover weekend travel or extra days that are not related to your medical care.
- Get all approved travel vouchers from your health care provider. You will need to know your appointment dates and times at your destination.
- Once travel is approved, make airline or ferry reservations through the Medicaid Travel Office (MTO) that approved your travel (see **Medicaid Travel Offices** below) If you do not know which Medicaid travel office to call, ask your referring provider. Do **not** contact air carriers directly.
- Make lodging arrangements with an Alaska Medicaid-enrolled hotel or motel. Call Conduent Member Services and ask for a list of available hotel providers at **907.644.6800**, option 6, or **800.770.5650**, option 2 (toll-free in Alaska). Give **exact date** you will be checking in.
- Make sure that you arrive at the airport in time to check in and proceed through security. Except in unavoidable situations, Medicaid will not pay to rebook a missed flight.

When you travel, take with you:

- All travel vouchers from your health care provider (Copies of travel vouchers will NOT be accepted)
- Personal identification and your Medicaid card/coupon or Denali KidCare (DKC) card. You are responsible for giving a coupon or showing your card for all your appointments.
- Money for things that are not covered by Medicaid. Medicaid does not cover room service, tips, phone calls, pay-per-view movies, or other extra services. If you order these things, you will need to pay for them. Medicaid will not pay for security deposits that are required by some hotels.

At your destination:

- Use meal vouchers at the in-hotel restaurant only
- Use taxi vouchers with an Alaska Medicaid enrolled taxi provider to travel from the airport to your place of lodging, medical appointments, referrals for medical services, and back to your place of lodging and the airport.
- Do not use taxi vouchers for personal travel such as visiting family or friends or for shopping. Using a Medicaid taxi voucher improperly is an erroneous benefit and must be paid back to the Department of Health and Social Services.

If your travel plans change:

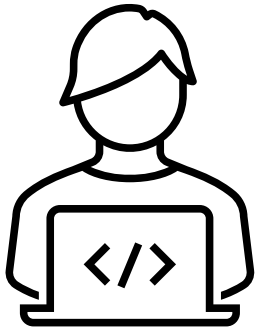
- If your travel plans change, or you cannot make a scheduled flight that was paid for by Alaska Medicaid, you MUST call the Medicaid travel office that arranged your travel (see **Medicaid Travel Offices** below) BEFORE your flight departs. If you do not know which Medicaid travel office to call, ask your referring provider.
- If you miss a flight without cancelling in advance, the remainder of your itinerary will be cancelled and Alaska Medicaid may NOT pay to rebook your flight(s).
- If weather or mechanical issues delay your flight, the air carrier will reschedule your flight. Your health care provider should call Conduent or appropriate MTO for approval of additional lodging, meals, or transportation, if required.
- If your travel plans change and you have a hotel booked, call the hotel to update your reservation with any changes.

Medicaid Travel Offices

Alaska Medicaid Travel Office **800.514.7123** https://us.travelctm.com/medicaid/ 8:30 a.m. – 5:30 p.m., Mon – Sat	**YKHC Medicaid Patient Travel** **907.543.6625** **855.543.6625** (toll-free in Alaska) 8:30 a.m. – 5:30 p.m., Mon – Sun
	TCC Patient Travel

Travel Voucher – Member Information

Travel Contacts



HMS:
Alaska Medicaid Travel Office (MTO) at 800.514.7123
Mon-Sun 8:00am – 5:30pm Alaska time

ANTHC:
Travel Office at 866.824.8140, option 1, or 907.729.7720
Mon – Sun 8:00am – 5:30pm

YKHC:
Travel Office at 855.543.6625 or 907.543.6625
Monday – Sunday 8:00am – 5:30pm

TCC:
Travel Office at 800.478.6682, ext. 3711 or
907.451.6682, ext. 3711
Monday – Friday 8:00am – 5:30pm
Saturday 2:00pm

Resources:
Arranging Patient Travel Useful Links

Alaska Medicaid

Arranging Patient Travel Website
Arranging Patient Travel Instructions
Medicaid Travel Request Packet Guide
NEMT and Escort Coverage Guidance

Center for Medicare and Medicaid Services

Medicaid Transportation Guide
NEMT Resources


Q&A

Comagine Health

Break

Comagine Health

Ethics, Records, and Utilization Review

Linda Rasmussen, LCSW
Supervisor, Clinical Review
Comagine Health

Presentation Goals

- Overview of ethical and legal issues surrounding clinical documentation in utilization reviews
- Provide utilization review process updates for the Alaska Medicaid psychiatric program
- Review evidenced-based guidelines in submitting utilization reviews
- Discuss diagnosis and ethical dilemmas in payment limitations
- Demonstrate collaboration with the State of Alaska and providers in the ethical submission of the utilization review process

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Considerations in Submitting Clinical Documentation

- Clinical reviews are a legal document with legal ramifications
- By submitting a clinical review, the submitter is attesting to the following:
  - Affirming the assessment of the recipient's symptomatology, current level of functionality is documented in the recipient's clinical record
  - The treatment plan services, units and duration requested are medically necessary and consistent with the recipient's level of impairment

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Considerations in Submitting Clinical Documentation, cont.

- The clinical record includes all submitted documentation.
- The clinical record is available upon request.
- Approvals are subject to all Medicaid/Denali KidCare program rules and regulations.
- Department of Health may recoup payment for any services that are not properly documented, or not in compliance with program rules.

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Considerations in Submitting Clinical Documentation, cont.

- The State of Alaska Division of Behavioral Health (DBH) has full access to everything submitted to Comagine Health by the providers.
- When doing on-site reviews, the State of Alaska DBH staff compare what is entered into Comagine Health reviews to what is documented in the charts.
- There are federal regulations, as well as state regulations, with specific requirements that need to be met and documented in the recipient's clinical charts.

Ethical and Legal Considerations

- Primary diagnosis and payment limitations
- Clinical documentation submitted
- Document all pertinent information
- Timeframes of documentation
- Discharge planning

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Alaska Division of Behavioral Health Utilization Reviews

- Inpatient acute and residential psychiatric review types:
  - Admission review
  - Master Plan of Care review
  - Continued stay review
  - Retrospective review
  - DRG Review
  - Peer review
  - Appeals

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Tools to Support Your Review

http://www.qualishealth.org/healthcare-professionals/alaska-medicaid-behavioral-health/provider-resources

- Provider manuals
  - Inpatient Psychiatric Review
  - Community-Based Youth Residential Behavioral Health Services Review
- Provider training and registration
- Late Submission/Retro Review Request form
- Comagine Health Provider Portal User Guide and training videos
- Contact information for Comagine Health
- Map of Alaska regions
- List of in-state providers by region and contact information
- Link to Alaska Division of Behavioral Health website
- Incident Report forms and instructions

Comagine Health

Provider Responsibilities

- Review submission and timelines
- Discharge planning
- Report discharges
- Travel authorization
- Incident reports

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Review Submission

Providers are required to:

- Submit timely reviews via the Comagine Health Provider Portal (CHPP)
- Submit reviews for recipients who are also covered by other Third-Party Liability (TPL)
- Furnish complete, accurate demographic and clinical information
- Give comprehensive answers on the appropriate review questionnaire

Comagine Health

Prior Authorization Submission Timelines

- Non-DRG acute care admissions
  - 2 days prior to admission if travel is involved
  - Same day if no travel is involved
- DRG acute care admissions to submit review requests following discharge
- PRTF admissions
  - 7 days prior to admission if travel is involved
  - 3 days prior to admission if no travel is involved

Comagine Health

Continued Stay Review (CSR) Submission Timelines

- PRTF care
  - 3 days prior to “Next Review Date”
- Acute Psychiatric care
  - Non-DRG facilities 2 days prior to “Next Review Date”
  - DRG facilities have no CSR requirements

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Pended Review Timeline

- Comagine Health notifies provider via the Comagine Health Provider Portal (CHPP)
- Provider has 7 calendar days to submit the requested information
- Possible technical denial after 7 calendar days

Comagine Health

Acute and PRTF Travel Authorization

- Admitting provider is responsible for timely submission of the prior authorization review
- When certification (approval) is given, use the Prior Authorization number assigned to the case for travel for admissions
- Alaska's fiscal agent is the authorized agency for travel
  - Toll-free in Alaska (800) 770-5650
  - Outside of Alaska (907) 644-6800

Comagine Health

Diagnosis Requirements

Must have valid ICD-10 code with all digits for payment.

For example:

- F43.10 Post-traumatic stress disorder, unspecified
- F33.1 Major depressive disorder, recurrent, moderate
- F84.0 Autistic disorder

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Admission Review

- Admission Review questionnaire should be fully completed
- Questions must be answered comprehensively and correctly
- Acuity must be provided with dates and description of events based on requirements for the proper level of care
- Place current information under the Acuity section
- Place historical information under the Psychosocial section

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Admission Review, cont.

- Mental Status Exam is required for all admission reviews
  - Mental Status Exam *date* and who performed the exam must be provided in the Admission Review questionnaire
  - Issues must be recorded in the free text under question #48 (description of the acute disturbances supporting the need for admission)

Comagine Health

Required Documentation for Admission

Submit all clinical documentation that supports the need for this level of care.

Documentation must include:

- Dates
- Seriousness
- Frequency of symptoms
- Current acuity (If this is chronic, why now?)
- What occurred while in acute care setting
  - Why wasn't stabilization achieved for step down to a lower level of care?

Comagine Health

Details to Use in Reviews

Per DBH:

Use These	Not These
Crying at least 3 times daily, Tantrums that include screaming, crying, yelling, and biting arms, Excessive clinging	Cries frequently, Angry outbursts
Hypervigilance, Excessive fear (describe)	Nervous, Afraid
Jumped into open part of frozen lake…, Fire setting in last week	Risky behaviors, Hx setting fires
Runaway less than 24 hours (48 hrs, X # days)	Runs
Self-injurious behavior by cutting arms leaving scars, Hallucinations in last week (specifically describe)	Hurts themselves, sees things

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Details to Use in Reviews, cont.

Use These	Not These
Drop in school grades (A to D in 6 Weeks)	Not doing well in school
Suicidal/homicidal ideation with/without plan, Self harm that includes third degree burn	Wants to hurt self
Detention @ least 2x in last 5 days, suspended	Made to stay after school
Impulsive, property destruction (describe)	Acts without thinking
Absent 5 days from work in last month	Misses work
Arrest/illegal activity in last month	Legal troubles
Socially withdrawn in last month	Stays to themselves, loner

Details to Use in Reviews, cont.

Use These	Not These
In the last month	Has a history of
3x week for last 6 months	Recently
In the last 48 hours	Frequently, Often
In the last month	Seldom

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Requirements to Support Admission Acuity: Acute Care

Q48. Describe acute disturbances related to the behavioral disorder:

- Symptoms within the last 24 to 48 hours
- Dates, seriousness and frequency of symptoms
- Specific description of symptoms

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Example of Documentation for Admission Acuity: Acute Care

Describe acute disturbances related to the behavioral disorder:

Patient is admitted today with homicidal and suicidal ideation.

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Example of Documentation for Admission Acuity: Acute Care

Describe acute disturbances related to the behavioral disorder:

Patient is admitted today after threatening to kill teachers and classmates and then self with his father's pistol. Patient has access to guns and bullets. He became angry and was swearing at teachers and punched a hole in the wall, threw over desk and scattered papers all over the room.

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Requirements to Support Admission Acuity: PRTF

Q48. Describe acute disturbances related to the behavioral disorder:

- Symptoms within the last 60 days with emphasis on last 30 days
- Symptoms while in acute care
- Specific description of symptoms
- Lower level of care
- History of symptoms over 6 months

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Admission Review Acuity: PRTF

57. Describe acute disturbances related to the behavioral disorder:

Patient is admitted due to a history of suicidal threats, homicidal threats, aggression and oppositional/defiant/impulsive behaviors.

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Admission Review Acuity: PRTF

57. Describe acute disturbances related to the behavioral disorder:

Patient admitted to acute care on March 12, 2024, after threatening to kill teachers and classmates and then self with his father's pistol. Patient has access to guns and bullets in his home. He was swearing at teachers and punched a hole in the wall, threw over desk and scattered papers all over the room. He has been in acute care 4 times in the last year. While in acute care he….

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Plan of Care (POC) Review

- PRTF level of care
- Acute level of care
- Required elements to be addressed in the POC

Comagine Health

Plan of Care

The Plan of Care (POC) is required to:

- Include a discharge plan prepared *at the time of admission*
- Specify the anticipated date for discharge
- Be formulated in consultation with the recipient and the recipient's parents, legal guardian or other individual to whose care or custody the recipient will be released following discharge

Plan of Care, cont.

POC reviews are required to include updated discharge planning information that provides increasingly more detailed information regarding:

- The recipient's anticipated post-discharge service needs
- The recipient's prospective service providers
- Other provisions necessary for the transition to a less restrictive environment

Comagine Health

Plan of Care, cont.

- The Master Plan of Care (MPOC) should cover everything that is to be completed *throughout the entire expected length of stay*.
- The POC must include goals and objectives related to family therapy, group therapy and individual therapy that are connected to problem statement.
- If the recipient is in OCS or JJ custody, the POC must include goals and objectives related to contact with case worker.

Plan of Care, cont.

Clearly document the *measurable* goals and objectives:

- Problem statement related to each diagnosis
- Goals and objectives related to problem statement
- Modalities in which goals and objectives will be addressed
- Update progress on goals and objectives in every review for each problem statement and for every type of therapeutic setting (individual, family and group psychotherapy)

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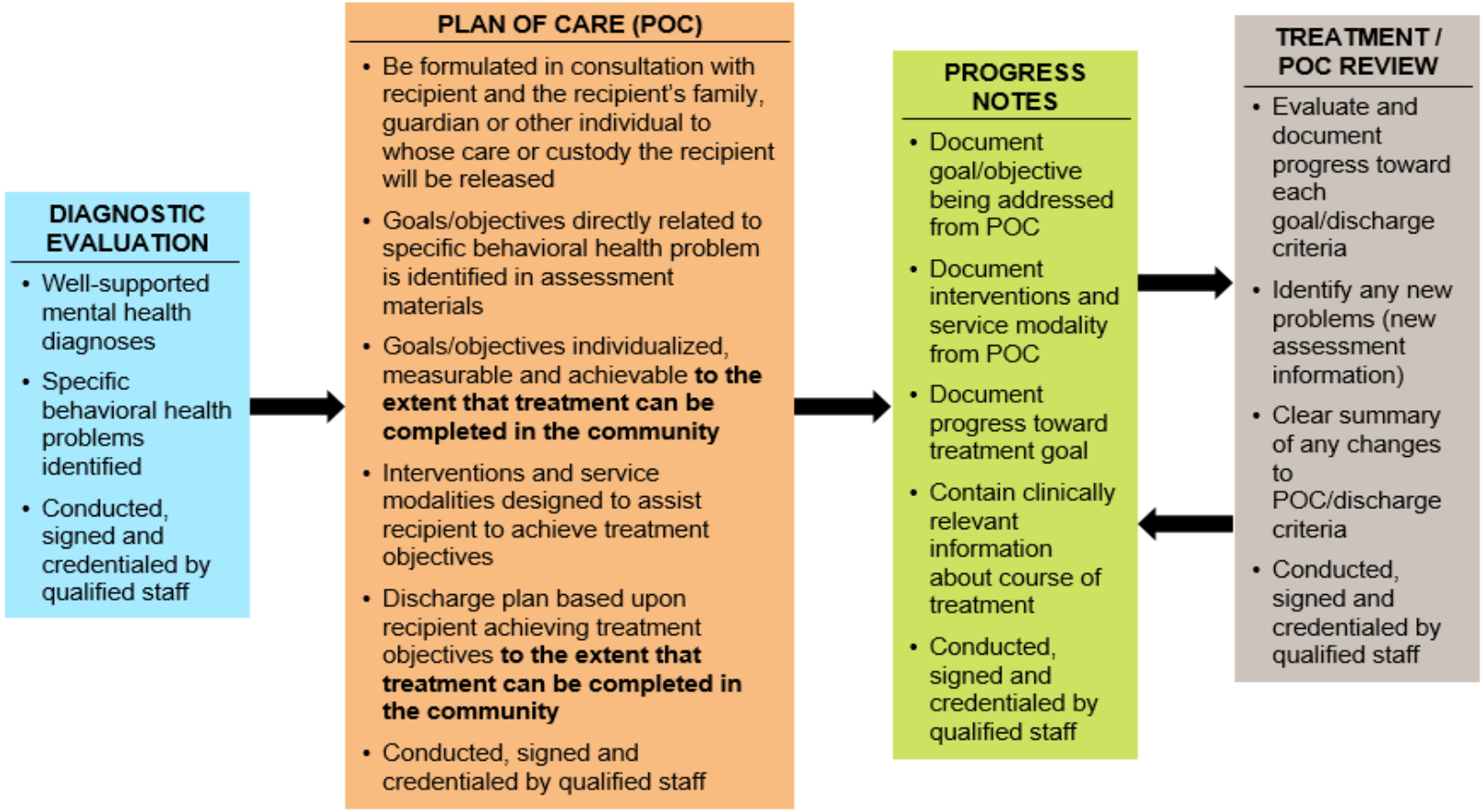
Treatment Plan Goals and Objectives

Examples, per DBH:

Global Goal/Objective	Example of Measurable Goal/Objective
Eliminate assaultive behavior	Eliminate episodes of hitting and slapping peers at school
Reduce verbal aggression	Reduce occurrences of saying, “I’ll kill you,” and, “I’ll beat you up,” to siblings and classmates by 80%

Medical Necessity Practice and Documentation

All services must be rendered in compliance with Medicaid Program rules, regulations and statutes.



Required Documentation for Continued Stay

Submit all clinical documentation that supports the continued need for the requested level of care.

Documentation must include:

- Clear description
- Seriousness
- Frequency of symptoms and behaviors
- Current acuity (*this review period*)

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Required Documentation for Continued Stay, cont.

- Updates on:
  - Diagnostic evaluation
  - Medication changes and effectiveness
  - Current behavioral impairments
  - Measurable treatment goals/objectives and progress made on goals/objectives
  - Goals and objectives in each modality (individual, family and group psychotherapy)

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Example of Documentation for Continued Stay Review Acuity

Describe acute disturbances, self care deficits or imminent risk to self or others or impaired safety or severely impaired role functioning:

Despite depression and SI, patient appears to participate in program and is participating well.

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Example of Documentation for Continued Stay Review Acuity

Describe acute disturbances, self-care deficits or imminent risk to self or others or impaired safety or severely impaired role functioning:

Patient struggles with depression on a daily basis as evidenced by her frequent statements of wishing she would die, telling peers when she leaves this facility she will hang herself, and her disclosures to her therapist that she thinks about death most of the day every day. She needs several prompts every day before she will take a shower or brush her teeth.

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Discharge Planning

- Must begin upon admission, per federal and state regulations
- Updated with each review
- Includes specificity
- Family/guardian is actively involved
- Available lower level of care services being recommended and appropriate activity toward application

Comagine Health

Reporting Discharges

Report discharges via the Comagine Health Provider Portal (CHPP)or by phone after the recipient has discharged.

Submit the following information:

- The identified services recommended for follow-up care. Include considerations regarding:
  - Placement
  - Educational services and contact made
  - Individual, family and group psychotherapies, as well as other identified therapeutic interventions that may be needed at time of discharge, to include medication management and school supports
- The identified provider for services upon discharge
- The actual discharge date

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Late Submission Continued Stay Review Request

- Definition
- When to request it
- Required form
- Possible technical denial

Comagine Health

Delayed Eligibility Reasons for Late Submission Reviews:

- Definition
- May submit all at once to catch up to current date
  - Use the Admission Review questionnaire
  - Must include the Plan of Care
  - Divide the review into weekly increments with details of *daily acuity* in these weekly increments

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Payment is Contingent Upon

- Eligibility as determined by the Alaska Medicaid Program
  - Providers must call the Eligibility Verification System
    - (800) 884-3223 (24 hours/day, 7 days/week)
    - (800) 770-5650 in Alaska (8:00 am to 5:00 pm)
- Compliance with the rules and regulations that govern Medical Assistance in Alaska
- Completion of medical necessity prior authorization review

Comagine Health

Incident Reporting Requirements

- Use correct Incident Report form based on level of care
- Follow incident reporting requirements
- Report critical incidents to the Alaska Department of Health agencies (DOH)
- May be required to submit the same incident report to multiple DOH agencies

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We Want to Hear from You

- How the review process works for you
- Any issues or concerns that may arise
- Additional ways Comagine Health can assist you
- Process improvement opportunities
- Individual training requests

Comagine Health

Questions and Answers



Comagine Health

Contact Information

Comagine Health

Linda Rasmussen, LCSW
Clinical Supervisor, CM
(877) 200-9046 or (907) 550-7622
lrasmussen@comagine.org

Yvette Stratton, RN BSN CCM
Exec. Director, CM
(877) 200-9046 or (206) 288-2443
ystratton@comagine.org

Alaska Department of Health Division of Behavioral Health

Contact information is available at:
http://www.qualishealth.org/healthcare-professionals/alaska-medicaid-behavioral-health/contacts

Comagine Health

Comagine Health

Zero Suicide and 988 Implementation Updates

Sheri DeLaney
Suicide Prevention Program Coordinator
Division of Behavioral Health

Zero Suicide and 988 Implementation in Alaska

Sheli C. DeLaney, M.A.
Suicide Prevention Program Coordinator
Division of Behavioral Health



Land acknowledgement

Yáx’ khuxhsitee yá Lingít Aaní Káx’

I live and work on the land of the Tlingit (English)

Translation by Herman David Sr.

A Land Acknowledgement is a formal statement that recognizes and respects Indigenous Peoples as traditional stewards of this land and the enduring relationship that exists between Indigenous Peoples and their traditional territories. For more information: https://nativegov.org/news/a-guide-to-indigenous-land-acknowledgment/



STATE OF ALASKA DEPARTMENT OF HEALTH

988 SUICIDE & CRISIS LIFELINE

Presentation Overview

- 988 Implementation
- Zero Suicide implementation
- Suicide prevention and Alaska youth
- Alaska Careline update
- Communities and coalitions



988 is here for all Alaskans



Need mental health support?
Call or Text 988, or chat 988lifeline.org

988
SUICIDE
& CRISIS
LIFELINE

How it works

People who call 988 are given five options to connect to a caring, trained counselor:

- **Press 1** to connect with the **Veterans Crisis Line**
- **Press 2** to connect with the national **Spanish Subnetwork**
- **Press 3** to connect with national **LGBTQI+ support for youth and young adults**
- **Remain on the line** and be connected to a **counselor** who can listen and provide **local support resources.**
- **Press 0** to bypass the message and connect directly

People who text/chat 988:

- **LGBTQI+** subnetwork, **text "PRIDE" to 988,** or chat 988lifeline.org
- **Spanish-language** support national subnetwork, **text "AYUDA" to 988,** or chat linea988.org/chat
- **Remain on the text/chat** and be connected to a **counselor** who can listen and provide **support resources**

Deaf and Hard-of Hearing Service

- **For Videophone services,** dial 988 directly on a videophone to connect with crisis counselors who can communicate in ASL
- Select **"ASL Now"** from 988lifeline.org for service in American Sign Language



SAMHSA
Substance Abuse and Mental Health Services Administration

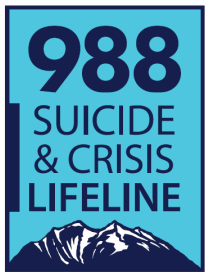
STATE OF ALASKA DEPARTMENT OF HEALTH

988 SUICIDE & CRISIS LIFELINE

988 Implementation

- Launched July 2022
- 24/7 service by call/chat/text
- Alaska Careline = 988 hub
- Resources and toolkit
- Outreach
- 988 Coalition and workgroups
- Communication strategies
- 988 Create
- DBH 988 Coordinator










We're still local and now easy to remember.
988
Connects you to Careline, Alaska's suicide and crisis talk line.

Alaska Careline and Crisis Services

- In FY24, Careline has facilitated 26,113 contacts
- Satellite facility open in Wasilla
- Additional staff onboarded in both locations
- 988 routed call answer rate up 5%
- New positions created focus on tribal engagement and hospital in-reach
- 988 SAMHSA grant awarded to DBH in Sept 2023

Zero Suicide in Alaska

- Holistic approach to suicide prevention within health and behavioral health care systems
- Seven core elements:
  1. system-wide culture change committed to reducing suicides
  2. training a competent, confident, and caring workforce
  3. comprehensive screening and assessment
  4. suicide care management plan
  5. evidence-based treatments
  6. hand-offs and supportive contacts
  7. continuous quality improvement

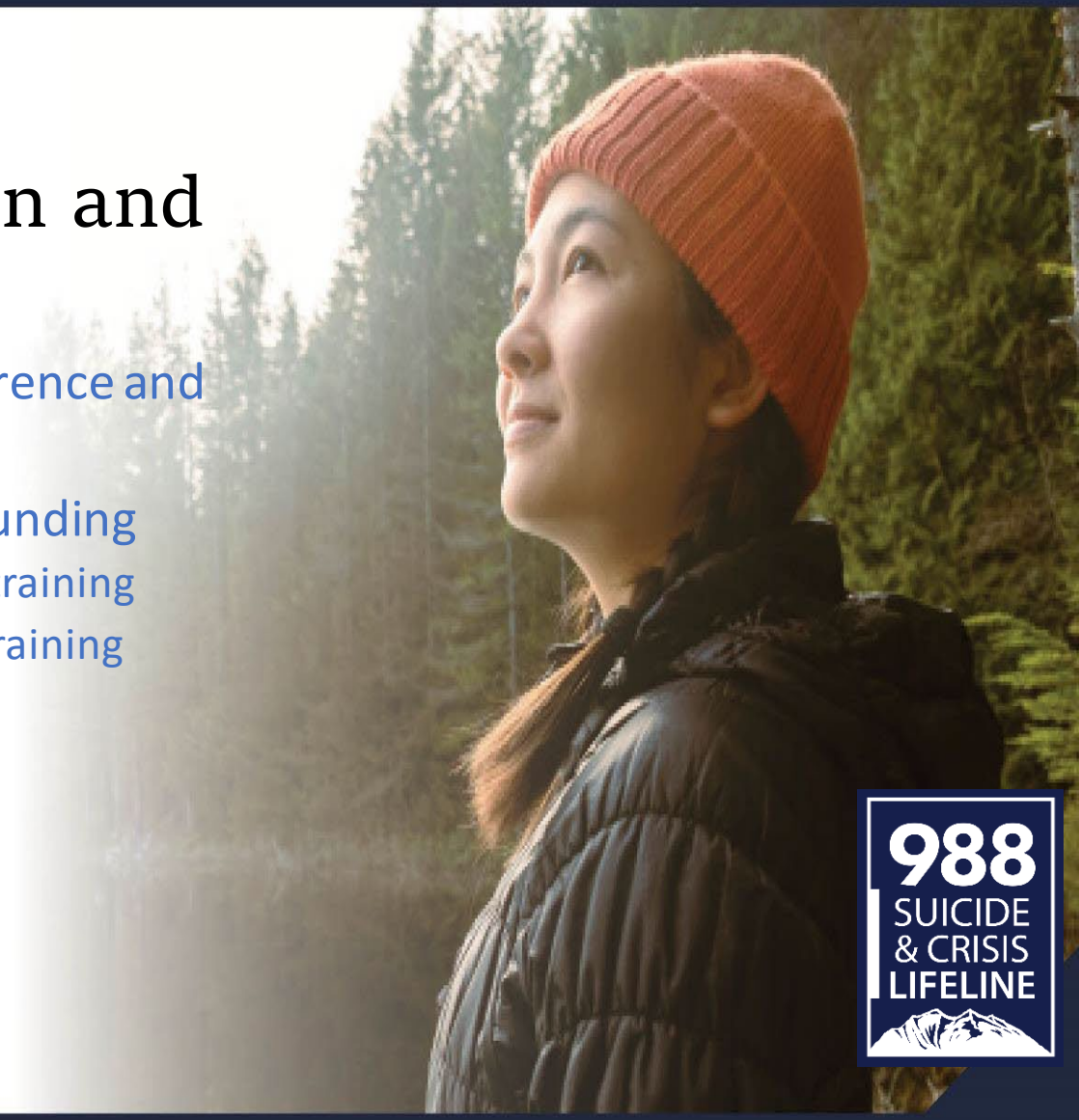
Zero Suicide in Alaska

- DBH Zero Suicide Program Coordinator – Mya Robinson
- Safer Suicide Care Program Manager (SSCPM) positions in hospitals
- Tablet-based intervention pilot program
- Technical assistance from EDC



Suicide Prevention and Alaska Youth

- Suicide Prevention Conference and Youth Summit
- Garrett Lee Smith grant funding
  - Youth suicide prevention training
  - Community postvention training
  - CAMS/CAMS4Teens
  - CBT-SP
  - AMSR
  - Lethal means safety
  - Child Welfare Academy



Join us!

- ASVIPP Suicide Prevention Community of Practice
- Zero Suicide stakeholders group
- Zero Suicide Community of Learning
- Alaska Suicide Prevention listserv
- Alaska 988 Coalition
- 988 Messaging Steering Committee
  - 988 Tribal/Rural Workgroup
  - Technology
  - 988/911 Coordination





Division of Behavioral Health, Prevention and Early Intervention, Suicide Prevention Team

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Comagine Health

Break

Comagine Health

Crisis Now Program Updates and Initiatives

Eric Boyer, MPH
Senior Program Officer
Alaska Mental Health Trust Advisory

IMPLEMENTING A BEHAVIORAL HEALTH CRISIS SYSTEM OF CARE

Alaskan Horizons: Building Resilience in Behavioral Health

Eric Boyer, **AK Mental Health Trust Authority**

Trust
Alaska Mental Health Trust Authority

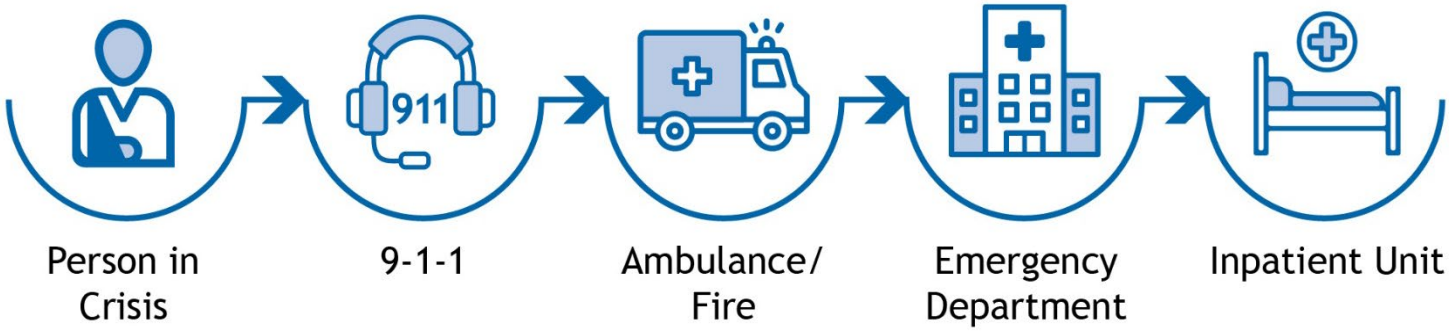
AGNEW ::BECK

CRISIS NOW

May 2024

GOAL: Design and implement a behavioral health crisis response system analogous to the physical health system.

Physical Health Emergency



Behavioral Health Emergency




MOBILE INTEGRATED HEALTHCARE
KETCHIKAN
ALASKA

Innovation Timeline of Alaska's Crisis Now

Key moments that helped create and shape the future of crisis care in Alaska.

CRISIS NOW

2018

Federal approval (CMS) for SUD component of 1115 Medicaid Waiver

Initial conversations about Crisis Now framework in Alaska

Behavioral Health Improvement Project focuses on psychiatric boarding in emergency departments

2019

Forensic Psychiatric Hospital Feasibility Study completed

Federal approval (CMS) for behavioral health component of 1115 Medicaid Waiver

RI International conducts Crisis Now implementation readiness assessment in Anchorage, Mat-Su and Fairbanks

Statewide convening on behavioral health crisis continuum

First site visit to Arizona to see Crisis Now in action

2020

Community planning workgroups convened in Anchorage, Fairbanks and Mat-Su

Concept-level pro formas developed for crisis services

SB 120 amends Title 47 to include crisis stabilization centers as locations for emergency detention

Settlement agreement with Disability Law Center identifies Crisis Now as a systems improvement initiative

2021

Crisis Now community coordinator positions funded in Fairbanks and Mat-Su

Mobile crisis teams launch in Anchorage and Fairbanks

2022

HB 172 signed into law

988 goes live nationwide

Mat-Su dispatch agency begins transferring behavioral health calls to Careline

Ketchikan Crisis Now community coordinator position funded and community planning beings

Five organizations across the state exploring 23-hour stabilization and/or short-term stabilization services

Planning begins in Kotzebue, Juneau, Copper Basin and Unalaska

Crisis Now Core Principles and Practices webinars begin

Child and Adolescent Behavioral Healthcare Improvement Project completed

US Department of Justice report on Alaska's behavioral health system for children released

2023

Careline launches law enforcement backline. Anchorage Police Department begins transferring calls.

Mobile crisis team launched in Mat-Su

Ketchikan City Council approved positions for Mobile Integrated Healthcare program

Community planning workgroup convened in Juneau

Groundbreaking for Providence Crisis Stabilization Center

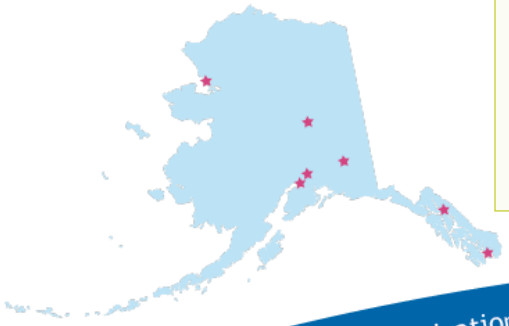
State of Alaska hosts Behavioral Health Road Map meetings across the state

HB 172 Psychiatric Patient Rights Report submitted to the State Legislature

Bartlett Regional Hospital opens 23-hour and short-term stabilization services for youth

Publications

- Behavioral Health Improvement Project
- Forensic Psychiatric Hospital Feasibility Study
- Crisis Now implementation readiness assessment
- Child and Adolescent Behavioral Healthcare Improvement Project
- US Department of Justice report on Alaska's behavioral health system for children
- HB 172 Psychiatric Patient Rights Report



Organization and community teams participate in site visits to Crisis Now services in Arizona.

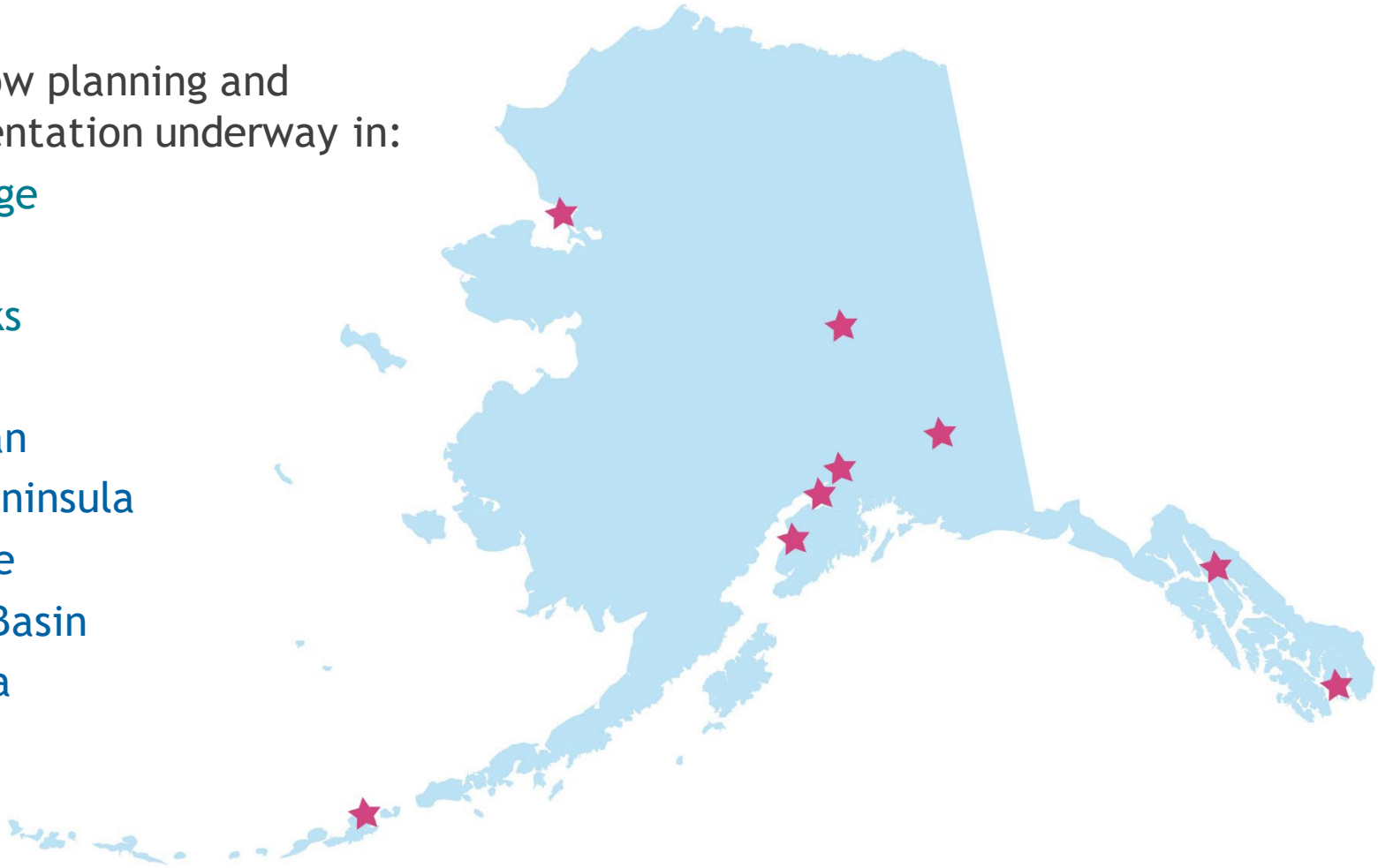
Grant funding awarded to organizations for planning and implementation.

Ongoing Events

Community Implementation

Crisis Now planning and implementation underway in:

- Anchorage
- Mat-Su
- Fairbanks
- Juneau
- Ketchikan
- Kenai Peninsula
- Kotzebue
- Copper Basin
- Unalaska



Someone to Call

Public Safety Answering Points (PSAPs)

- 4 PSAPs utilize Careline backline to transfer appropriate calls
- PSAPs dispatch for mobile teams in Anchorage, Mat-Su and Fairbanks
- CIT training(40-hour and 8-hour dispatcher focused training)

Alaska Careline

- Answers 988 calls dialed from a 907 area code and calls to Careline number (877-266-4357)
- Accredited by the American Association of Suicidology
- Transfers calls requiring immediate response to appropriate PSAP for dispatch
- Established backline for receiving transfers from PSAPs.



Someone to Respond

MIH

- Expanding traditional MIH scope to include behavioral health
- Behavioral health training for responders, clinical support
- Good fit for communities with smaller populations

Co-Responder Team

- Clinician plus law enforcement
- Good fit for individuals with co-occurring behavioral health and safety concerns

Mobile Crisis Team

- Behavioral health focused team
- Best practice model includes clinician and peer, but can include personnel

Planning:

- Juneau
- Ketchikan
- Copper River
- Nikiski

Implementation:

- Anchorage: Anchorage Police Department

Implementation:

- Anchorage: Anchorage Fire Department
- Mat-Su: True North Recovery*
- Fairbanks: Alaska Behavioral Health*



*Best practice model, peer + clinician

A Place to Go: Best Practice Model

23-Hour

- "No Wrong Door": Address both mental health and SUD, no medical clearance required, accept all referrals
- Chairs not beds
- Flexible capacity

Short-Term Stabilization

- Support for voluntary and involuntary individuals who need support beyond 23-hours
- Beds
- Firm capacity limits

Planning:

- Anchorage:
  - Providence: 12 recliners, 12 beds; Target opening - November 2024
  - Southcentral Foundation: 16 recliners, 16 beds; Target opening – 2026
- Kotzebue:
  - Maniilaq Association: 4 recliners, 8 beds; Target opening - TBD



MCT/MIH Outcomes 2023





Region/ 2023	MCT or MIH	Dispatched Calls	***Resolved in Community	Hospitalized	Police Transport
*Fairbanks 24/7	MCT	704	81%	15%	4%
**Wasilla 24/7	MCT	214 (April to December)	91%	7%	2%
Anchorage	MIH	3634	90%	9%	1%
Juneau	MIH	1572	89%	10%	1%
Nikiski	MIH	339 (June to December)	94%	6%	0%
Totals	MCT/MIH	6463	5755	624	84
Copper River Region (Copper Center)	MIH	Dispatched from the CRNA Clinic	350 responses	N/A	N/A
Ketchikan	MIH	Being operationalized Fully Funded	2024 June 1 Launch	N/A	N/A

Careline does not provide MCT dispatch in any communities to date. Where MCTs exist, 911 dispatches those teams.

To learn more or get involved:

- Learn more about the initiative on the Trust's website
- Sign up to receive quarterly newsletters and invitations to webinars on best practices, workforce development and other key implementation areas – Email becky@agnewbeck.com
- Participate in your local community workgroup. Workgroups convening in Anchorage, Mat-Su, Fairbanks, Juneau and Ketchikan – Email becky@agnewbeck.com
- Contact the Trust to learn about technical assistance and funding available to support development of crisis and post-crisis services – Email eric.boyer@alaska.gov

Provider Updates

- **Providence:** Continuing renovations and planning for 23-hour and crisis residential, projected opening in late 2024

- **Bartlett Regional Hospital:** Opened 23-hour crisis stabilization and crisis residential for adolescents - December 2023

- **Maniilaq Health Center:** Board of Directors support continued planning for a crisis stabilization center in Kotzebue – January 2024

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Care Coordination and Discharge Planning

Kimberly Lawrence, MS, LCSW, CCM
Lead Care Coordinator
Comagine Health

Leanne Barske, RN, MSN, NC-BC
Care Coordinator
Comagine Health

Objectives

- Describe role of Comagine Health Care Coordinators
- Share goals of care coordination services
- Describe the four phases of care coordination work
- Increase understanding of transition process and potential barriers
- Share information regarding available resources

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Overview of Care Coordination Role

Comagine Health Care Coordinators

- Work directly with psychiatric residential treatment facility (PRTF) providers to facilitate discharge planning
  - Work with both in-state and out-of-state PRTFs
- Assess and identify needs related to discharge planning
- Encourage collaboration between PRTF and lower level of care providers
- Facilitate access to community/resources/services
  - Identify viable services in remote communities
  - Identify service limitations

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Care Coordination Goals

- Support information sharing
- Provide updates to providers
- Facilitate discharge planning and access to community resources

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Care Coordination Goals (cont.)

- Promote continuity of care
- Track length of stay in psychiatric residential treatment facilities
- Complete resource assessments to help successfully transition youth back to their home community
- Confirm discharge and admission to lower level of care services

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Desired Outcomes

- Keep youth in their local community
- Reduce the length of stay for youth in psychiatric residential treatment facilities
- Improve sequencing of services that meet the individual youth's needs
- Increase youth satisfaction
- Reduce readmissions to psychiatric residential treatment facilities

Case Consultations

- Care Coordinators network with
  - Office of Children's Services
  - Division of Juvenile Justice
  - Division of Behavioral Health Medicaid Provider Assistance Services
  - Division of Family and Community Services
  - Senior and Disabilities Services
  - Local behavioral health providers
  - Family advocates

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Identification of Resources

Meetings with Division of Behavioral Health Medicaid Provider Assistance Services team, OCS representatives and Division of Family and Community Services representatives:

- Maintain information on community services
- Review capacity issues
- Build greater understanding of placement issues and barriers
- Staff complex cases

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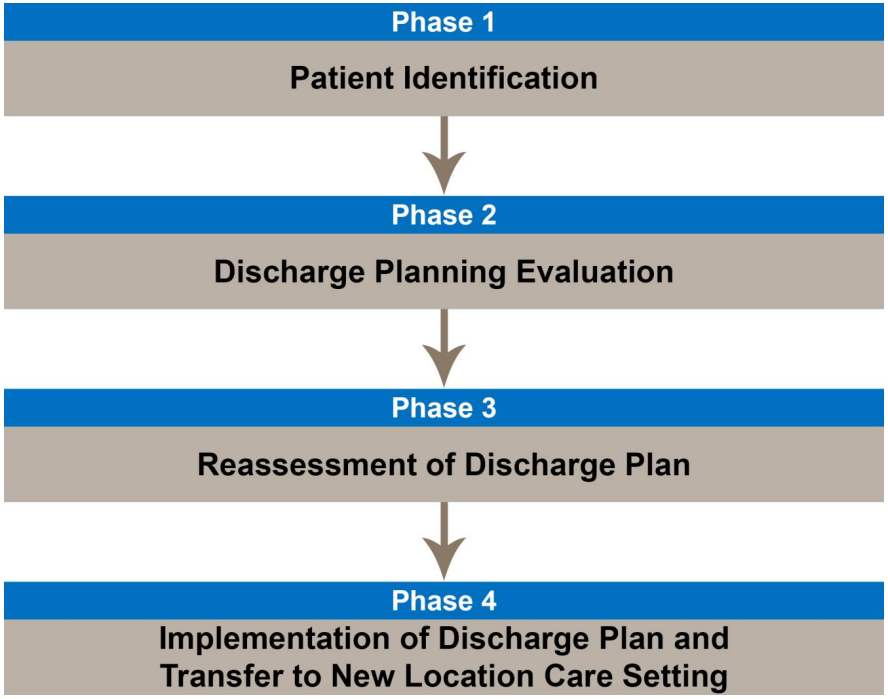
Business Associate Agreement

Letter of agreement of disclosure of Health Insurance Portability and Accountability Act (HIPAA):

As a business associate, Comagine Health is permitted to receive Protected Health Information (PHI) in order to conduct their contracted work.

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Four-Phase Process



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Case Presentations

- Presentation of case(s)
  - Demonstrate the four phases of Care Coordination work
  - Demonstrate collaboration between Comagine Health coordinators and various in-state agencies
  - Demonstrate barriers that impact discharge planning

Phase 1: Patient Identification

Care Coordinators

- Identify youth admitted to psychiatric residential treatment facilities
- Confirm demographics
- Review Care Coordinator role related to discharge planning
- Offer assistance with identification of possible providers and resources

Phase 2: Discharge Planning Evaluation

PRTF providers

- Identify any previous providers that may be able to offer services
- Develop initial discharge plan
  - Include considerations regarding medication management, housing, family and educational services, in addition to individual, family and group therapies and other identified therapeutic interventions.

Phase 2: Discharge Planning Evaluation (cont.)

Care Coordinators

- Check in often regarding updates and newly identified needs
- Encourage collaboration with providers identified for discharge
- Assist PRTF providers in understanding resource limitations
- Encourage development of comprehensive discharge plan
- Encourage PRTF providers to obtain ROIs as soon as discharge providers are identified
- Complete Family Resource Needs Assessment (FRNA) within 45 days of admission

Family Resource Needs Assessment (FRNA)

- Structured set of questions Care Coordinator asks the parent/legal guardian
- Completed within 45 business days of admission
- Focus is to gain information to help identify
  - Barriers to receiving community-based services
  - Family concerns to be addressed during treatment
  - Need for case management and family education
  - Supports necessary to successfully transition youth back to their home community

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Phase 3: Reassessment of Discharge Plan

PRTF providers

- Re-evaluate initial discharge plan on a regular basis
  - Identify possible barriers to discharge
- Maintain contact with lower level of care providers to verify service availability and referral/application process
- Organize trial discharge home pass (if appropriate)
  - See *Behavioral Health Inpatient Psychiatric Review Provider Manual* for additional information

Phase 3: Reassessment of Discharge Plan (cont.)

Care Coordinators

- Confirm timeline for discharge with PRTF providers
- Confirm availability of services and validity of plan with lower level of care providers
- Confirm lower level of care providers have received application and updated clinical information
- Regularly check in with PRTF and lower level of care providers regarding progress on discharge planning
- Complete Family Discharge Readiness Assessment (FDRA) prior to discharge

Family Discharge Readiness Assessment (FDRA)

- Structured set of questions the Care Coordinator asks the parent/legal guardian
- Completed prior to discharge
- Focus is to gain information to help identify
  - Continued barriers to receiving community-based services
  - Ongoing needs for case management and family education
  - Supports accessed to successfully transition youth back to their home community
  - Gaps in available services

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Phase 4: Implementation of Discharge Plan

- PRTF providers
  - Finalize discharge plan for services with identified lower level of care providers
  - Confirm discharge date and plans for transition
- Care Coordinators
  - Confirm lower level of care provider's acceptance of youth
  - Confirm appointments are set for follow-up care
  - Confirm actual discharge from PRTF

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Summary and Reminders

- Discharge planning must begin at time of admission
- Must report names of lower level of care providers for discharge no later than 90 days into treatment or risk shortened review period
- Must confirm actual appointments prior to discharge
- Once lower level of care provider is identified, planning for services can take 4 to 6 months

Don’t Forget, Care Coordinators Can…

Work with providers to find

- Web-based provider information
- Availability of services
- Agency contact information
- Alaska-specific resources

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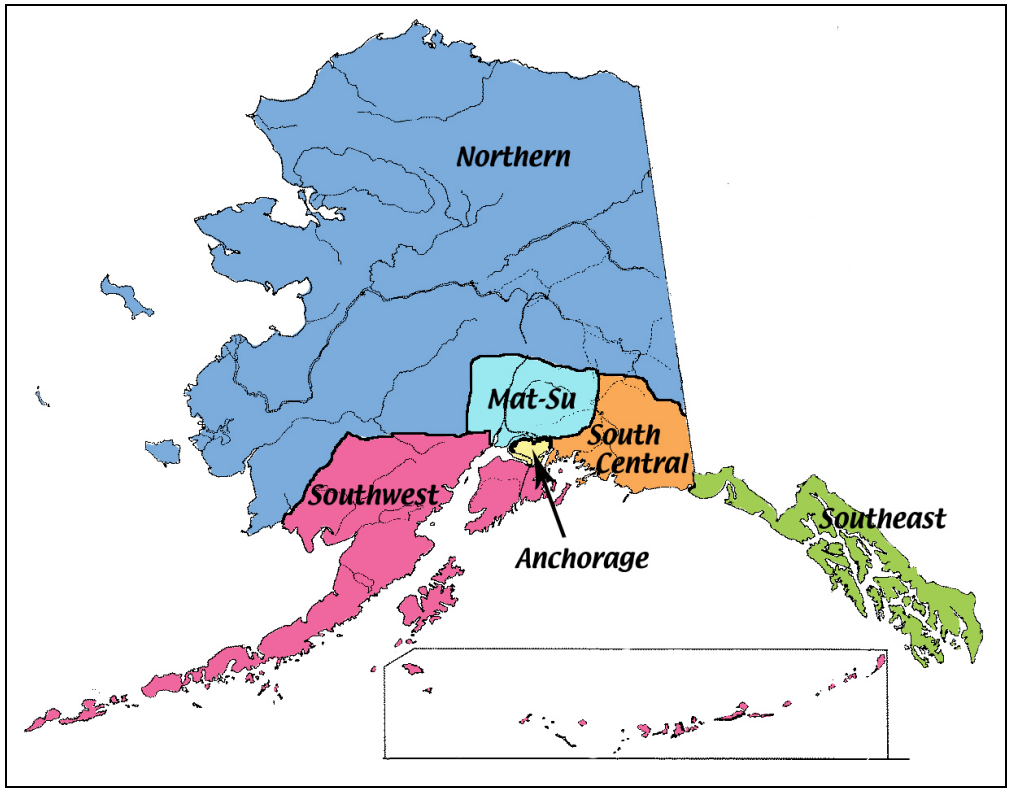
Intellectual & Developmental Disabilities

In order for a person with a suspected intellectual and developmental disability to receive help through the State of Alaska, they must be determined developmentally disabled as defined by state law.

Alaska Statute AS 47.80.900

- If you suspect a youth may fit this criteria, please immediately notify the care coordinator so the process of applying for developmental disability and possibly a Waiver can be discussed.
- The care coordinator can assist with getting you in contact with the appropriate people to explore this further.

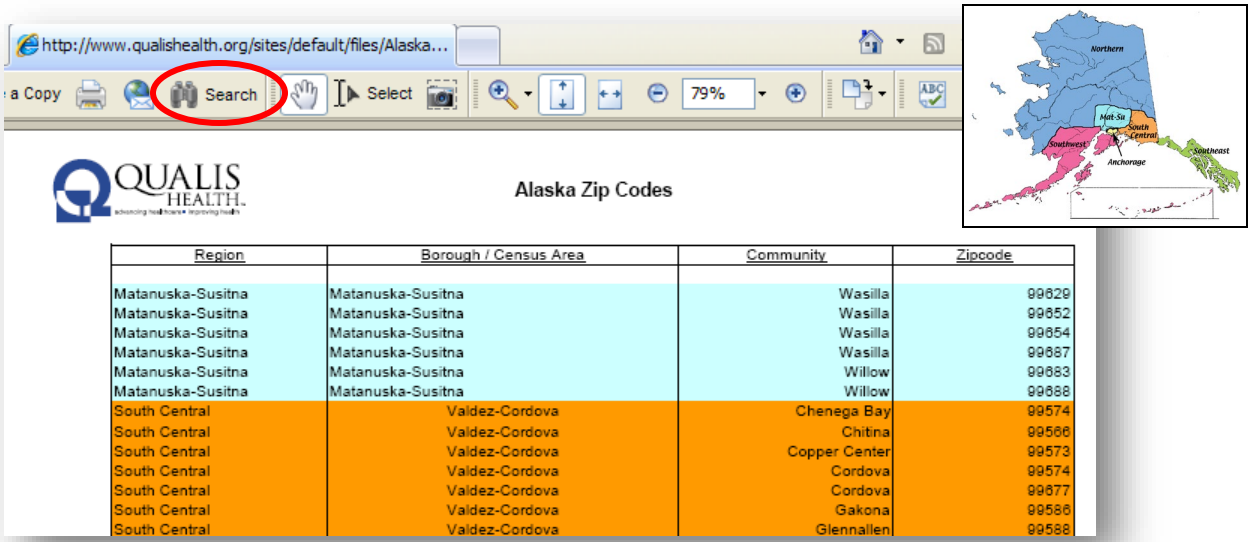
Alaska Regions



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Search by Zip Code

- Click on binoculars, then enter city name or zip code in search
- Results are color-coded to match the regional map

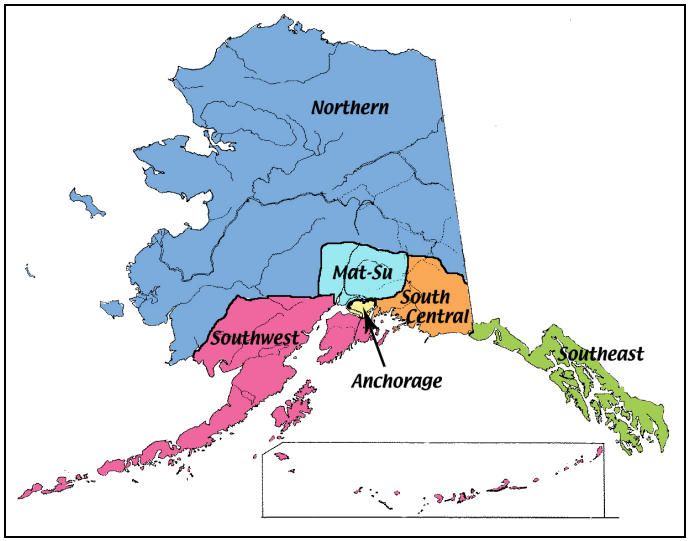


Region	Borough / Census Area	Community	Zipcode
Matanuska-Susitna	Matanuska-Susitna	Wasilla	99629
Matanuska-Susitna	Matanuska-Susitna	Wasilla	99652
Matanuska-Susitna	Matanuska-Susitna	Wasilla	99654
Matanuska-Susitna	Matanuska-Susitna	Wasilla	99687
Matanuska-Susitna	Matanuska-Susitna	Willow	99683
Matanuska-Susitna	Matanuska-Susitna	Willow	99688
South Central	Valdez-Cordova	Chenega Bay	99574
South Central	Valdez-Cordova	Chitina	99566
South Central	Valdez-Cordova	Copper Center	99573
South Central	Valdez-Cordova	Cordova	99574
South Central	Valdez-Cordova	Cordova	99677
South Central	Valdez-Cordova	Gakona	99586
South Central	Valdez-Cordova	Glennallen	99588

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Online Tools and Resources

- Understanding regions
  - Anchorage: Urban
  - Northern: Urban to Remote
  - Southwest: Remote
  - Mat-Su: Urban and Rural
  - Southeast: Remote
  - South Central: Rural and Remote



Comagine Health Care Coordination Team

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Wrap Up and Overview

Yvette Stratton, RN, BSN, CCM
Executive Director, Care Management
Comagine Health

Welcome to Alaska Horizons: Building Resilience in Behavior Health
Accreditation Statement & Disclosure

Approved Provider Statements:
In support of improving patient care, the Alaska Department of Health is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education and the National Association of Boards of Pharmacy (NABP), and the American Nurses Credentialing Center (ANCC), American Academy of Physician Assistants (AAPA), American Psychological Association (APA), Association of Social Work Boards (ASWB) and the American Dental Association's Continuing Education Recognition Program (ADA CERP) to provide continuing education for the healthcare team.

Joint Provider Statement:

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint Providership of the Alaska Department of Health (AKDOH) and the University of Alaska Anchorage College of Health. AKDOH is accredited by the ACCME to provide continuing education for the healthcare team.

Contact Hours:
AK DOH designates this activity for a maximum of 6 contact hours, commensurate with participation.

- Association of Social Work Boards (ASWB): 6 contact hours
- American Nurses Credentialing Center (ANCC) Continuing Nursing Education: 6 contact hours

Financial Disclosures:

No commercial or in-kind support was received for this educational activity. All speakers and planners report no relevant financial relationships related to the content of this activity.

Requirements for Successful Completion:

To receive CE credit please make sure your attendance is recorded for each session, you have actively engaged in the activity, and completed the course evaluation provided by the program facilitators.

JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

UAA Alaska Center for Rural Health and Health Workforce
University of Alaska Anchorage

Comagine Health

For more information contact
uaa_ahecce@alaska.edu or
907-786-6589

Thank you for attending!

Please be sure to complete the survey:
https://uaa.co1.qualtrics.com/jfe/form/SV_etBDXmDEiGxVLSe

Comagine Health