



January 23, 2020

Honorable Adam Crum, Commissioner
Alaska Department of Health & Social Services
3601 C Street, Suite 902
Anchorage, AK 99508

Dear Commissioner Crum,

I want to again thank you for the Department's engagement concerning the plan it submitted to the Superior Court in response to the court's order in *DLC v. State*. Your outreach to ASHNHA on this and other issues is appreciated and has not gone unnoticed.

As you know, ASHNHA and several of our members met with the Department on December 9th to review and discuss the first iteration of the Department's proposed plan. In addition to this meeting, the Department also corresponded separately with two DET facilities—Bartlett Regional Hospital, and Fairbanks Memorial Hospital.

Based on the December 9th meeting, ASHNHA submitted a letter to the Department on December 12th with comments on the proposed response to the court, as well as, a detailed list of deliverables that ASHNHA members believe would add value to the plan and help meaningfully address the behavioral health crisis before us.

In early January, ASHNHA was notified that the Department received another extension from the court and had been working on a revised draft. After receiving a copy of the revised plan on January 4, 2020, ASHNHA met with the Department two days later to discuss the latest proposal. The Department filed its plan with the court on January 21.

ASHNHA is pleased that the Department's latest version no longer includes a recommendation for the court to use a revised MC-305 form that would result in *ex parte* filings to automatically expire every 7 days. This policy is inconsistent with the constant patient assessments, monitoring, and care that is provided by physicians and other caregivers, and would have resulted in an undue burden on hospitals and medical staff.

ASHNHA is also pleased that the proposed plan now requires the Department to prioritize connecting API to the Emergency Department Information Exchange. API will join a long list of participating hospital emergency departments and other providers, and this will facilitate a real-time exchange of patient information that can help with plans of care for patients who present to a hospital emergency department shortly after being discharged from API. ASHNHA also appreciates the Department's emphasis on increasing communication between hospitals and API for certain clinical consultation.

While the measures highlighted above make the Department’s document a stronger plan, ASHNHA wishes the document also included more of the recommendations that were provided in our December 12th letter. For instance, the State’s plan does not address prioritizing or reopening capacity at API for adolescents, which represent one of the most vulnerable patient populations in Alaska’s health care system.

The latest plan also does not address critical funding shortfalls for hospitals. ASHNHA appreciates that the Department currently provides a modest revenue source by allowing Medicaid reimbursement for observation services for up to 120 hours. However, data shows that a significant portion of ex parte patients are boarding in hospital emergency departments well past the 120 hours. Reimbursement for observation already does not cover the cost of serving these patients because they require dedicated staffing and other resources, so that loss is greatly compounded if patients board beyond 120 hours. Hospitals should be reimbursed for all costs associated with care for ex parte patients as these services are delivered for the State.

Finally, the plan commits to adding FTEs and/or contracted professional services to facilitate coordination and placement of ex parte patients, as well as, to “re-evaluate any person being held on an ex parte order that is waiting for transportation to API.” As conveyed during our meetings, ASHNHA members believe that it would be more beneficial to direct financial resources (i.e. funding) to increasing capacity and direct patient care at API rather than directing it towards these more ancillary purposes, especially if the objective is to deploy a plan that will meaningfully address the behavioral health crisis before us.

We look forward to working together with the Department on improving Alaska’s health care system and ensuring access to quality care for all Alaskans.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Kosin".

Jared C. Kosin
President & CEO