



July 16, 2024

**SUBJECT:** Minimal Dataset Entry into AKAIMS Temporary Reduction, Effective July 1, 2024

**Questions about this notification may be submitted to Division of Behavioral Health (Division) grant management staff or to the DBH General Inbox at [doh.dbh@alaska.gov](mailto:doh.dbh@alaska.gov) with Subject Line: SFY25 MDS Decision.**

This guidance serves to clarify minimal dataset (MDS) reporting expectations for behavioral health providers and allows MDS-obligated providers to continue the single encounter note per-client-per-program-per-month limited data entry established after the 2021 State of Alaska cyberattack event through State Fiscal Year 2025 (SFY25), ending on June 30, 2025.

Clarification of MDS-obligated providers:

- Division Grantee providers with MDS obligations stipulated in their specific program awards; limited to those clients served by grant-funded programs.
  - Providers may review their grant program's Request for Proposal (RFP), the grant notice of award or reach out to their assigned Division grant administrator for confirmation of reporting obligations.
- Providers who utilize AKAIMS as their primary electronic health record (EHR); all clients served regardless of funding mechanism.
- Therapeutic Court providers; all clients served.

Clarification of limited data entry flexibilities:

- The Division will continue the one note per-client-per-month-per-program limited data entry for MDS-obligated providers through June 30, 2025.
  - MDS obligated providers must develop a plan, approved by the Division, to support full reimplementaion of MDS in the modernized AKAIMS platform beginning July 1, 2025, with an expectation of reaching full compliance by June 30, 2026.

- Excluded from this allowance are:
  - Therapeutic Court providers, who must continue to submit all encounter notes for all clients served.
  - Providers who submit their MDS through the Health Information Exchange (HIE), who must continue to submit a full EHR extract of all encounter notes for all clients served regardless of funding mechanism.
  - Division Grantee providers with unique reporting requirements, as specified in their program awards.
    - Providers may review their grant program's Request for Proposal (RFP), the grant notice of award or reach out to their assigned Division grant administrator for confirmation of reporting obligations.

Provider programs that are fully supported by Medicaid funds are excluded from MDS obligations through this flexibility period.

The Division recognizes the complexity of unwinding the flexibilities established during the Public Health Emergency and the myriad challenges faced by organizations throughout the state to meet the behavioral health needs of their clients. Although the Division encourages agencies to enter all client served into the AKAIMS system, the temporary limited data entry flexibility for MDS-obligated providers, as described in this letter, will continue through June 30, 2025. Providers may review their program's RFP, the grant notice of award or reach out to their assigned Division grant administrator for confirmation of grant-related reporting obligation and requirements to enter these data into AKAIMS.

The minimum threshold for this temporary limited data submission was established in compliance with the Division's understanding of its fundamental federal grant reporting requirements to the Substance Abuse and Mental Health Services Administration (SAMHSA). In alignment with its policy and funding priorities, SAMHSA retains the authority and responsibility to send clarification of this understanding or initiate a corrective action plan to the Division that requires more timely reimplementation of full encounter MDS requirements for all public-funded agency programs.

This continued flexibility comes at an increasingly heavy data detriment to the Division. By limiting data entry requirements for providers, the Division also limits its ability to identify service gaps and determine the success of grant funds in supporting a comprehensive, statewide behavioral health continuum of care. Reporting on these topics support many legislative conversations each cycle

and informs Department of Health policy directives to address target population needs. Describing individuals served by Agencies who do not qualify for Medicaid, capturing programs that offer services that do not connect with billable procedures, and understanding organization reliance on grant funding over Medicaid billing revenue are all metrics that are negatively impacted with the reduced encounter note flexibility. This creates blind spots to effectively evaluate how the Division can best meet the needs of the population. For these reasons, the reduced encounter note requirement must be a temporary allowance.

Looking ahead, Division attentions will focus on capturing an accurate count of SFY25 grant-funded clients served to establish a baseline for the work performed by Grantee providers to support vulnerable Alaskans across the state; improving systems interoperability between agency EHRs and AKAIMS to reduce the need for duplicative data entry; and working collaboratively with stakeholders to develop data strategies that support future Division grant applications and awards to address identified gaps in the behavioral health continuum of care.

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Sincerely,

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