

DEPARTMENT OF HEALTH



PROPOSED CHANGES TO REGULATIONS.

Medicaid Coverage & Payment for 1115 Behavioral Health (BH) & Substance Use Disorder (SUD) Waiver Services.

- 7 AAC 105. Medicaid Provider and Recipient Participation.
- 7 AAC 135. Medicaid Coverage; Behavioral Health Services.
- 7 AAC 138. 1115 Substance Use Disorder Waiver Services.
- 7 AAC 139. Behavioral Health 1115 Waiver Services.
- 7 AAC 160.900. Medicaid Program; General Provisions.



PUBLIC REVIEW DRAFT April 11, 2023.

COMMENT PERIOD ENDS: May 31, 2023.

**Please see the public notice for details about how to
comment on these proposed changes.**

Notes to the reader:

1. Except as discussed in note 2, new text that amends an existing regulation is **bolded and underlined**.
2. If the lead-in line above the text of each section of the regulations states that a new section, subsection, paragraph, or subparagraph is being added, or that an existing section, subsection, paragraph, or subparagraph is being repealed and readopted (replaced), *the new or replaced text is not bolded or underlined*.
3. [ALL-CAPS TEXT WITHIN BRACKETS] indicates text that is to be deleted.
4. When the word “including” is used, Alaska Statutes provide that it means “including, but not limited to.”
5. Only the text that is being changed within a section of the current regulations is included in this draft. Refer to the text of that whole section, published in the current Alaska Administrative Code, to determine how a proposed change relates within the context of the whole section and the whole chapter.

Title 7. Health and Social Services.

Chapter 105. Medicaid Provider and Recipient Participation.

7 AAC 105.230. Requirements for provider records.

7 AAC 105.230(d)(5) is amended by adding a new subparagraph to read:

(G) the following services may be billed on the same day as any other residential or inpatient service not already contraindicated when the recipient is discharged from a residential or inpatient service and admitted into a 23-hour crisis observation and stabilization service, crisis residential and stabilization service, or residential or inpatient service on the same day:

- (i) 23-hour crisis observation and stabilization services;
- (ii) crisis residential and stabilization services;
- (iii) residential or inpatient services;

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(Eff. 2/1/2010, Register 193; am 6/7/2018, Register 226; am 2/6/2020, Register 233; am 2/12/2021, Register 237; am 1/1/2023, Register 244; am ____/____/____, Register____)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

Chapter 135. Medicaid Coverage; Behavioral Health Services.

7 AAC 135.160. Short-term crisis intervention services.

7 AAC 135.160(g) is amended to read:

(g) Except as provided in (i) of this section, short-term crisis intervention must be documented on **the department's Short-Term Crisis Emergency Service Contact form, adopted by reference in 7 AAC 160.900** [A CONTACT FORM PROVIDED BY THE DEPARTMENT]. Agencies may integrate the **department's Short-Term Crisis Emergency Service Contact** [STATE-APPROVED CONTACT] form into their electronic health record but all data elements from the **department's Short-Term Crisis Emergency Service Contact** [STATE CONTACT] form must be maintained in the electronic version of the form. The services that are ordered by the mental health professional clinician in the short-term crisis intervention plan, but provided by others, must be documented by the individual who provides the service. All documentation under this subsection must be filed in the recipient's clinical record.

7 AAC 135.160(i) is amended to read:

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(i) A mental health physician clinic is not required under (g) of this section to use the **department's Short-Term Crisis Emergency Service Contact** form [PROVIDED BY THE DEPARTMENT] to document short-term crisis intervention provided by a licensed mental health professional clinician. (Eff. 10/1/2011, Register 199; am 12/23/2022, Register 244; am _____/_____/_____, Register _____)

Authority: AS 47.05.010 AS 47.07.030

7 AAC 135.170. Short-term crisis stabilization services.

7 AAC 135.170(e) is amended to read:

(e) Short-term crisis stabilization must be documented on **the department's Short-Term Crisis Emergency Service Contact form, adopted by reference in 7 AAC 160.900** [A CONTACT FORM PROVIDED BY THE DEPARTMENT]. **Agencies may integrate the department's Short-Term Crisis Emergency Service Contact form into their electronic health record but all data elements from the department's Short-Term Crisis Emergency Service Contact form must be maintained in the electronic version of the form.** Documentation under this section must be filed in the recipient's clinical record.

(Eff. 10/1/2011, Register 199; am 12/23/2022, Register 244; am _____/_____/_____, Register _____)

Authority: AS 47.05.010 AS 47.07.030

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7 AAC 135.210. Peer support services.

7 AAC 135.210(b) is repealed and readopted to read:

(b) Peer support services must be provided by a person who has experience similar to the recipient and who

(1) maintains frequent in-person or telephonic contact with the recipient to achieve all the objectives listed in (a) of this section; and

(2) meets the requirements of 7 AAC 138.400.

The introductory language of 7 AAC 135.210(c) is amended to read:

(c) Subject to the limitation in 7 AAC 135.040, peer support services may [ONLY] be offered **as a standalone service or** in combination with

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(Eff. 10/1/2011, Register 199; am 4/24/2020, Register 234; am 6/30/2021, Register 238;

am _____/_____/_____, Register _____)

Authority: AS 47.05.010 AS 47.07.030

7 AAC 135 is amended by adding a new sections to Article 2 to read:

7 AAC 135.360. Payment for qualified addiction professional or peer support specialist crisis services. (a) The department will pay a community behavioral health services

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provider for 1115 waiver peer-based crisis services, provided by a qualified addiction professional (QAP) or peer support specialist (PSS) to a recipient if that QAP or PSS

(1) provides an initial assessment of the recipient's overall functioning in relation to the short-term crisis;

(2) develops a short-term crisis stabilization plan; and

(3) documents the assessment, a short-term crisis stabilization plan, and the services that are provided on the department's *1115 Crisis Service Contact* form, adopted by reference in 7 AAC 160.900.

(b) The department will pay a community behavioral health services provider for 1115 waiver mobile outreach and crisis response services, provided by a qualified addiction professional (QAP) or peer support specialist (PSS) to a recipient, if that QAP or PSS

(1) provides an initial assessment of the recipient's overall functioning in relation to the short-term crisis;

(2) develops a short-term crisis stabilization plan; and

(3) documents the assessment, a short-term crisis stabilization plan, and the services that are provided on the department's *1115 Crisis Service Contact* form.

(c) The department will pay a community behavioral health services provider for 1115 waiver crisis observation and stabilization services, provided by a qualified addiction professional (QAP) or peer support specialist (PSS) to a recipient, if that QAP or PSS

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(1) provides an initial assessment of the recipient's overall functioning in relation to the short-term crisis;

(2) develops a short-term crisis stabilization plan; and

(3) documents the assessment, a short-term crisis stabilization plan, and the services that are provided on the department's *1115 Crisis Service Contact* form .

(d) The department will pay a community behavioral health services provider for 1115 waiver crisis residential and stabilization services, provided by a qualified addiction professional (QAP) or peer support specialist (PSS) to a recipient, if that QAP or PSS

(1) provides an individualized crisis assessment using an evidence-based risk assessment tool;

(2) develops an individualized crisis treatment plan; and

(3) daily documents the recipient's progress toward resolution of the crisis.

(e) In this section, a peer support specialist must meet the requirements of 7 AAC 138.400. (Eff. ____/____/____, Register____)

Authority: AS 47.05.010 AS 47.07.030

7 AAC 135.370. Payment for qualified behavioral health professional crisis services.

(a) The department will pay a community behavioral health services provider for 1115 waiver peer-based crisis services, provided by a qualified behavioral health professional (QBHP), if that QBHP

(1) provides an initial assessment of the recipient's overall functioning in relation to the short-term crisis;

(2) develops a short-term crisis stabilization plan; and

(3) documents the assessment, a short-term crisis stabilization plan, and the services that are provided on the department's *1115 Crisis Service Contact* form, adopted by reference in 7 AAC 160.900.

(b) The department will pay a community behavioral health services provider for 1115 waiver mobile outreach and crisis response services, provided by a qualified behavioral health professional (QBHP), if that QBHP

(1) provides an initial assessment of the recipient's overall functioning in relation to the short-term crisis;

(2) develops a short-term crisis stabilization plan; and

(3) documents the assessment, a short-term crisis stabilization plan, and the services that are provided on the department's *1115 Crisis Service Contact* form.

(c) The department will pay a community behavioral health services provider for 1115 waiver crisis observation and stabilization services, provided by a qualified behavioral health professional (QBHP), if that QBHP

(1) provides an initial assessment of the recipient's overall functioning in relation to the short-term crisis;

(2) develops a short-term crisis stabilization plan; and

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(3) documents the assessment, a short-term crisis stabilization plan, and the services that are provided on the department's *1115 Crisis Service Contact* form.

(d) The department will pay a community behavioral health services provider for 1115 waiver crisis residential and stabilization services, provided by a qualified behavioral health professional (QBHP), if that QBHP

(1) provides an individualized crisis assessment using an evidence-based risk assessment tool;

(2) develops an individualized crisis treatment plan; and

(3) daily documents the recipient's progress toward resolution of the crisis.

(Eff. ____/____/____, Register____)

Authority: AS 47.05.010 AS 47.07.030

Chapter 138. 1115 Substance Use Disorder Waiver Services.

7 AAC 138.450 is repealed and readopted to read:

7 AAC 138.450. Crisis response services. (a) The following services may be provided to an eligible recipient under this chapter, as set out in the *Alaska Behavioral Health Providers Services Standard & Administrative Procedures for Behavioral Health Provider Services*, adopted by reference in 7 AAC 160.900, in any appropriate community setting:

(1) peer-based crisis services, provided by a peer support specialist under 7 AAC 138.400, to help an individual avoid the need for hospital emergency department services or the

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need for psychiatric hospitalization through services identified in a crisis plan by a mental health professional clinician that may include

(A) a summary of crisis intervention needs;

(B) facilitation of transition to other community-based resources or natural supports; and

(C) advocacy for client needs with other service providers;

(2) mobile outreach and crisis response services,

(A) only if provided by

(i) a mental health professional clinician; and

(ii) a qualified behavioral health professional, as defined in the

Alaska Behavioral Health Provider Service Standards & Administrative

Procedures for SUD Provider Services, adopted by reference in 7 AAC 160.900;

and

(B) provided to

(i) prevent a substance use disorder or mental health crisis from escalating;

(ii) stabilize an individual during or after a mental health crisis or crisis involving a substance use disorder; or

(iii) refer and connect to other appropriate services that may be needed to resolve the crisis;

(3) 23-hour crisis observation and stabilization services, that are provided for up to 23 hours and 59 minutes in a secure environment to an individual presenting with acute symptoms of mental or emotional distress, and that must

(A) be provided by medical staff supervised by a physician, a physician assistant, or an advanced practice registered nurse;

(B) result in prompt evaluation and stabilization of the individual's condition; and

(C) ensure that the individual is safe from self-harm, including suicidal behavior.

(b) Peer-based crisis services, mobile outreach and crisis response, and 23-hour crisis observation and stabilization services must be documented on the department's *1115 Crisis Service Contact* form. The services documented on the department's *1115 Crisis Service Contact* form must also include an evidence-based risk assessment. Agencies may integrate the department's *1115 Crisis Service Contact* form into their electronic health record, but all data elements from the department's *1115 Crisis Service Contact* form must be maintained in the electronic version of the form.

(c) The crisis residential and stabilization services provided to an eligible individual under this chapter presenting with acute mental or emotional disorders requiring psychiatric stabilization and care may be provided in a licensed general acute care hospital, a licensed psychiatric hospital, a United States Indian Health Service facility, a licensed critical access

hospital, a community behavioral health services provider approved by the department under 7 AAC 136.020, or a licensed crisis stabilization center. The crisis residential and stabilization services must be

(1) provided

(A) as a short-term residential program with 16 or fewer beds;

(B) as a medically monitored stabilization service designed to restore the individual to a level of functioning that does not require inpatient hospitalization; and

(C) to assess the need for medication services and other post-discharge treatment and support services; and

(2) supported by documentation that includes

(A) an individualized crisis assessment based on an evidence-based risk assessment tool;

(B) an individualized crisis treatment plan; and

(C) daily documentation in the clinical record of the recipient's progress toward resolution of crisis.

(d) A peer support specialist in this section is subject to the qualifications listed in 7 AAC 138.400.

(e) In this section, "secure environment" means a level of security that will reasonably ensure that if a recipient leaves without permission, the recipient's act of leaving will be immediately noticed.

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(f) In this section, "short-term" means not more than seven days, and may be extended through a service authorization. (Eff. 5/21/2020, Register 234; am 10/4/2020, Register 236; am_____/_____/_____, Register_____)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.036
AS 47.05.270

Chapter 139. Behavioral Health 1115 Waiver Services.

7 AAC 139.150. Home-based family treatment services.

7 AAC 139.150(f)(1) is amended to read:

(1) "high risk" means a person with a score of one [FOUR] or more on the *Adverse Childhood Experiences Questionnaires*, adopted by reference in 7 AAC 160.900; (Eff. 5/21/2020, Register 234; am 10/4/2020, Register 236; am_____/_____/_____, Register_____)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.036
AS 47.05.270

7 AAC 139.200. Community-based care management services.

7 AAC 139.200(b) is repealed and readopted to read:

(b) If community-based care management services consist of assertive community treatment services, those services may be provided to an individual listed in 7 AAC 139.010(2)

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who meets admission criteria set out in the *Alaska Behavioral Health Providers Services Standards & Administrative Procedures for Behavioral Health Provider Services*, adopted by reference in 7 AAC 160.900, and whose needs have not otherwise been adequately met through behavioral health services offered under 7 AAC 135. Assertive community treatment services must be

(1) available 24 hours a day, seven days a week, according to recipient need; and

(2) provided according to the evidence-based practice criteria established for assertive community treatment, as documented in the *Alaska Behavioral Health Providers Services Standards & Administrative Procedures for Behavioral Health Provider Services*, adopted by reference in 7 AAC 160.900. (Eff. 5/21/2020, Register 234; am 10/4/2020, Register 236; am _____/_____/_____, Register _____)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.036
AS 47.05.270

7 AAC 139.300 is repealed and readopted to read:

7 AAC 139.300. Adult mental health residential services. (a) Adult mental health residential services in this section must be provided in a facility that is approved by the department and that maintains a therapeutically structured and supervised environment according to the criteria listed in the *Alaska Behavioral Health Providers Services Standards &*

Administrative Procedures for Behavioral Health Provider Services, adopted by reference in 7 AAC 160.900.

(b) Adult mental health residential services must be provided in a facility with 16 or fewer beds by an interdisciplinary treatment team for an individual under 7 AAC 139.010(2) according to the following criteria:

(1) level 1: for an individual

(A) diagnosed with a mental, emotional, or behavioral disorder or co-occurring mental, emotional, or behavioral disorder and substance use disorder; and

(B) with a prior history of continuous high service needs, or who presents with behaviors or symptoms that require a facility to provide intensive rehabilitative services, stabilization, and maintain safety;

(2) level 2: for an individual diagnosed with a mental, emotional, or behavioral disorder or substance use disorder who presents with behaviors or symptoms that require a level of care, supervision, or monitoring that is higher than that required for other adult residents in assisted living home care as set out in AS 47.33 and 7 AAC 75, and who has

(A) not responded to outpatient treatment; and

(B) a history of treatment needs for chronic mental, emotional, or behavioral disorders or substance use disorders that cannot be met in a less restrictive setting.

(c) A psychiatric or psychological assessment must be conducted for an individual receiving behavioral health residential treatment services for adults before the department will approve a provider request for a service authorization to exceed one year.

(d) In this section, "high service needs" means a person who, in the past 12-month period, has

(1) accessed or been in contact with

(A) acute psychiatric hospitalization;

(B) psychiatric emergency services; or

(C) the criminal justice system; or

(2) has been unable to maintain safe and stable housing because of behaviors or symptoms.

(e) Notwithstanding (b) of this section, an individual may receive **adult mental** [BEHAVIORAL] health residential [TREATMENT] services [FOR ADULTS,] without being an adult experiencing a serious mental illness as required under 7 AAC 139.010(2), if

(1) the individual is 18 years of age or older but under 21 years of age; and

(2) the department determines that the individual is eligible for the services under 7 AAC 100 and 7 AAC 110.200 - 7 AAC 110.210 (EPSDT services). (Eff. 5/21/2020, Register 234; am 10/4/2020, Register 236; am _____/_____/_____, Register_____)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.036
AS 47.05.270

The section heading of 7 AAC 139.325 is changed to read:

7 AAC 139.325. Children's residential treatment.

7 AAC 139.325(a) is amended to read:

(a) **Children's** [BEHAVIORAL HEALTH] residential treatment [SERVICES] in this section must be provided in a facility approved by the department and that maintains a therapeutically structured and supervised environment according to the criteria listed in the *Alaska Behavioral Health Providers Services Standards & Administrative Procedures for Behavioral Health Provider Services*, adopted by reference in 7 AAC 160.900.

The introductory language of 7 AAC 139.325(b) is amended to read:

(b) **Children's** [BEHAVIORAL] residential treatment [SERVICES FOR CHILDREN] must be provided by an interdisciplinary treatment team for an individual under 7 AAC 139.010(1) according to the following criteria:

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(Eff. 10/4/2020, Register 236; am 6/30/2021, Register 238; am_____/_____/_____, Register_____)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.036

7 AAC 139.350 is repealed and readopted to read:

7 AAC 139.350. Crisis response services. (a) The following services may be provided to an eligible recipient under this chapter, as set out in the *Alaska Behavioral Health Providers Services Standard & Administrative Procedures for Behavioral Health Provider Services*, adopted by reference in 7 AAC 160.900, in any appropriate community setting:

(1) peer-based crisis services, provided by a peer support specialist under 7 AAC 138.400 to help an individual avoid the need for hospital emergency department services or the need for psychiatric hospitalization through

(A) a summary of crisis intervention needs;

(B) facilitation of transition to other community-based resources or natural supports; and

(C) advocacy for client needs with other service providers;

(2) mobile outreach and crisis response services,

(A) only if provided by

(i) a mental health professional clinician; and

(ii) a qualified behavioral health professional, as defined in

Alaska Behavioral Health Providers Services Standards & Administrative

Procedures for Behavioral Health Provider Services, adopted by reference in
7 AAC 160.900; and

(B) provided to

(i) prevent a substance use disorder or mental health crisis from
escalating;

(ii) stabilize an individual during or after a mental health crisis or
crisis involving a substance use disorder; or

(iii) refer and connect to other appropriate services that may be
needed to resolve the crisis;

(3) 23-hour crisis observation and stabilization services, that are provided for up
to 23 hours and 59 minutes in a secure environment to an individual presenting with acute
symptoms of mental or emotional distress, and that must

(A) be provided by medical staff supervised by a physician, a physician
assistant, or an advanced practice registered nurse;

(B) result in prompt evaluation and stabilization of the individuals
condition; and

(C) ensure that the individual is safe from self-harm, including suicidal
behavior.

(b) Peer-based crisis services, mobile outreach and crisis response, and 23-hour crisis
observation and stabilization services must be documented on the department's *1115 Crisis*

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Service Contact form, adopted by reference in 7 AAC 160.900. The services documented on the department's *1115 Crisis Service Contact* form must also include an evidence-based risk assessment. Documentation under this section must be filed in the recipient's clinical record. Agencies may integrate the department's *1115 Crisis Service Contact* form into their electronic health record but all data elements from the department's *1115 Crisis Service Contact* form must be maintained in the electronic version of the form.

(c) The crisis residential and stabilization services provided to an eligible individual presenting with acute mental or emotional disorders requiring psychiatric stabilization and care may be provided in a licensed general acute care hospital, a licensed psychiatric hospital, a United States Indian Health Service facility, a licensed critical access hospital, a community behavioral health services provider approved by the department under 7 AAC 136.020, or a licensed crisis stabilization center. The crisis residential and stabilization services must be

(1) provided

(A) as a short-term residential program with 16 or fewer beds;

(B) as a medically monitored stabilization service designed to restore the individual to a level of functioning that does not require inpatient hospitalization; and

(C) to assess the need for medication services and other post-discharge treatment and support services; and

(2) supported by documentation that includes

(A) an individualized crisis assessment based on an evidence-based risk assessment tool;

(B) an individualized crisis treatment plan; and

(C) daily documentation in the clinical record of the recipient's progress toward resolution of crisis.

(d) A peer support specialist in this section is subject to the qualifications listed in 7 AAC 138.400.

(e) In this section, "secure environment" means a level of security that will reasonably ensure that if a recipient leaves without permission, the recipient's act of leaving will be immediately noticed.

(f) In this section, "short-term" means not more than seven days, and may be extended through a service authorization. (Eff. 5/21/2020, Register 234; am 10/4/2020, Register 236; am _____/_____/_____, Register _____)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.036
AS 47.05.270

Chapter 160. Medicaid Program; General Provisions.

7 AAC 160.900. Requirements adopted by reference.

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7 AAC 160.900(d)(64) is repealed:

(64) repealed _____/_____/_____;

7 AAC 160.900(d)(65) is amended to read:

(65) *Chart of Medicaid 1115 Behavioral Health (BH) and Substance Use Disorder (SUD) Waiver Services Rates* [CHART OF 1115 MEDICAID WAIVER SERVICES], dated **December 15, 2022** [JUNE 30, 2021];

7 AAC 160.900(d)(67) is amended to read:

(67) the *Alaska Behavioral Health Provider Service Standards & Administrative Procedures for SUD Provider Services*, dated **December 15, 2022** [AUGUST 4, 2020];

7 AAC 160.900(d)(68) is amended to read:

(68) the *Alaska Behavioral Health Providers Services Standards & Administrative Procedures for Behavioral Health Provider Services*, dated **December 15, 2022** [JUNE 30, 2021];

7 AAC 160.900(d) is amended by adding new paragraphs to read:

(74) the *1115 Crisis Service Contact* form, dated September 20, 2022;

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(75) the *Short-Term Crisis Emergency Service Contact* form, dated September 20, 2022.

(Eff. 2/1/2010, Register 193; am 8/25/2010, Register 195; am 12/1/2010, Register 196; am 1/1/2011, Register 196; am 1/15/2011, Register 197; am 2/9/2011, Register 197; am 3/1/2011, Register 197; am 10/1/2011, Register 199; am 12/1/2011, Register 200; am 1/26/2012, Register 201; am 3/8/2012, Register 201; am 4/1/2012, Register 201; add'l am 4/1/2012, Register 201; am 5/11/2012, Register 202; am 10/16/2012, Register 204; am 11/3/2012, Register 204; am 12/1/2012, Register 204; am 12/2/2012, Register 204; am 1/1/2013, Register 204; am 1/16/2013, Register 205; am 7/1/2013, Register 206; add'l am 7/1/2013, Register 206; am 11/3/2013, Register 208; am 1/1/2014, Register 208; am 2/2/2014, Register 209; am 3/19/2014, Register 209; am 3/22/2014, Register 209; am 5/18/2014, Register 210; am 2/26/2015, Register 213; am 3/15/2015, Register 213; am 7/1/2015, Register 214; am 5/1/2016, Register 218; am 6/16/2016, Register 218; am 6/16/2016, Register 218; am 7/22/2017, Register 223; am 11/5/2017, Register 224; am 3/1/2018, Register 225; am 10/1/2018, Register 227; am 1/1/2019, Register 228; am 3/24/2019, Register 229; am 6/2/2019, Register 230; am 6/13/2019, Register 230; am 7/1/2019, Register 231; am 10/25/2019, Register 232; am 11/10/2019, Register 232; am 4/24/2020, Register 234; am 5/21/2020, Register 234; am 6/25/2020, Register 234; am 10/1/2020, Register 235; am 10/4/2020, Register 236; am 1/1/2021, Register 236; am 3/31/2021, Register 238; am 6/30/2021, Register 238; am 8/27/2021, Register 239; am 9/9/2021, Register 239; am 10/9/2021, Register 240; am 11/1/2021, Register 240; am 5/25/2022, Register 242; am 9/4/2022, Register

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243; am 10/16/2022, Register 244; am 12/1/2022, Register 244; am 12/23/2022, Register 244;
am 3/3/2023, Register 245; am 3/26/2023, Register 245; am 5/1/2023, Register 246;
am_____/_____/_____, Register_____)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.085
AS 47.05.012 AS 47.07.040

Editor’s note: The materials proposed to be adopted by reference in 7 AAC 160.900(d), including the current version of the (1) *Chart of Medicaid 1115 Behavioral Health (BH) and Substance Use Disorder (SUD) Waiver Services Rates*; (2) *Alaska Behavioral Health Provider Service Standards & Administrative Procedures for SUD Provider Services*; and (3) *Alaska Behavioral Health Providers Services Standards & Administrative Procedures for Behavioral Health Provider Services*, may be viewed at the agency's office at the State of Alaska, Department of Health, Division of Behavioral Health, 3601 C Street, Suite 934, Anchorage, AK 99503. The current version of the materials proposed to be adopted by reference in 7 AAC 160.900(d), may also be viewed on the agency’s internet website at <https://health.alaska.gov/dbh/Pages/default.aspx> , and website link, at <https://health.alaska.gov/dbh/Pages/Resources/Medicaidrelated.aspx> .