Alaska Behavioral Health Provider Service Standards & Administrative Procedures for Behavioral Health Provider Services

State of Alaska
Department of Health
Division of Behavioral Health

December 15, 2022

Table of Contents

Introduction

This manual, issued by the Department of Health (DOH), is intended to serve as guidance to behavioral health providers in accompaniment with 7 AAC 136 and 139. It describes Behavioral Health Section 1115 Waiver Services ("BH Waiver Services"), eligibility requirements, required service components, staffing requirements, documentation, service authorization, and other service-related criteria that providers must meet to be eligible for Medicaid reimbursement. It also provides information regarding service locations, billing codes, and payment rates. All 1115 services are rehabilitative services. Portions of the material in this manual may be repetitive of existing language in state law and regulations and federal requirements related to the 1115 waiver approval.

Background

The purpose of Alaska's Section 1115 waiver demonstration is to provide Alaska with the authority necessary to enhance the set of behavioral health services available under Medicaid for individuals with serious mental illnesses, severe emotional disturbances, and/or substance use disorders (SUDs). This waiver also aims to integrate benefits, improve access, reduce operational barriers, minimize administrative burden, and improve the overall effectiveness and efficiency of Alaska's behavioral health system. More background information is provided below regarding Medicaid participant eligibility for waiver services, Medicaid billing, requirements for certain provider types, and provider qualifications.

Applicable Regulations and DOH Oversight

All providers must meet the requirements in the Integrated Behavioral Health Regulations, 7 AAC 70 and 7 AAC 135, and Behavioral Health/SUD 1115 Waiver Demonstration Regulations, 7 AAC 136, 138 and 139.

All providers must also post a written grievance policy and procedure that is made available to all individuals upon admission. DOH has the authority to investigate complaints made by a participant or interested parties, per AS.47.30.660 (b) (12), and to review records of providers without prior notice if DOH has reason to believe, based on credible evidence, that a violation has occurred (7 AAC 160.110 (e)).

DOH also has the authority to delegate its authority to the Division of Behavioral Health (DBH) to gain onsite access to documents related to service delivery (including client files), per AS 47.05 for mental health treatment and AS 47.37 for substance use treatment. At the Department's request, a provider must furnish records in accordance with 7 AAC 105.240. A peer support specialist is subject to the qualifications listed in 7 AAC 138.400. A behavioral health clinical associate is subject to the qualifications listed in 7 AAC 70.990 (3). A mental health professional clinician is subject to the qualifications listed in 7 AAC 70.990 (28).

Submit questions regarding the Alaska Behavioral Health Provider Services Standards & Administrative Procedures for BH Provider Services to mpassunit@alaska.gov.

Participant Eligibility

To qualify for behavioral health services under the 1115 waiver demonstration, an individual must be eligible for Medicaid and meet one of the following descriptions as listed in 7 AAC 139.010, being:

- An eligible youth under age 21 who:
  - is diagnosed with a mental health or substance use disorder;
  - is at risk of developing a mental health or substance use disorder based upon a screening conducted according to 7AAC 135.100;
  - is at risk of out-of-home placement;
  - is currently in the custody of the state; or
  - has been detained in a juvenile justice facility or treated in a residential treatment program or psychiatric hospital within the past year.
- An eligible individual who meets the criteria under 7 AAC 135.055 for experiencing a serious mental illness; or
- An individual who is experiencing a mental disorder who meets the diagnostic criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM), or the International Classification of Diseases – 10th Revision, Clinical Modification, (ICD-10-CM) adopted by reference in 7 AAC 70.910.

Medicaid eligibility standards and methodologies remain applicable to individuals under the waiver. To qualify for waiver services, individuals must derive their eligibility through the Alaska Medicaid State Plan and are subject to all applicable Medicaid laws and regulations regarding initial and ongoing eligibility. The Division of Public Assistance (DPA) determines Medicaid eligibility in accordance with federal and state regulations as set forth in the Alaska Medicaid State Plan. Individuals in need of medical or other assistance may contact DPA's Public Assistance Offices or may consult the Alaska Medicaid Recipient Handbook.

While regulation defines children eligible for services as individuals under the age of 21, some children between the ages of 18 and 21 may be eligible as adults for certain waiver services. This depends on their eligibility under the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) provision in Medicaid. For questions regarding such eligibility, please contact DPA.

Provider Approval, Enrollment and Registration

Provider agencies and individuals need to get department approval to perform 1115 behavioral health services. Once approved, providers will need to enroll in Alaska Medicaid and register with the Administrative Services Organization.

Department of Health (DOH) Approval

Behavioral health service programs and providers, described in 7 AAC 70.010, must have Department of Health (DOH) approval to operate in Alaska. Application links are provided on the Division of Behavioral Health (DBH) website. Please contact mpassunit@alaska.gov for a provider checklist to assist preparing documents for submission.

Agency Services

Department approval is needed for agencies performing these services:

- 1115 substance use disorder waiver services (7 AAC 138)
- Autism services (7 AAC 135.350)
- Behavioral health clinic services (7 AAC 70.030)
- Behavioral health rehabilitation services (7 AAC 70.030)
- Behavioral health services to a recipient referred by the Alcohol Safety Action Program (7AAC 70.145)
- Children's residential services (7 AAC 139.325)
- Crisis response services (7 AAC 138.450 and & AAC 139.350)
- Day treatment services for children (7 AAC 135.250)
- Opioid use disorder treatment services (7 AAC 70.125)
- Residential substance use treatment services (7 AAC 70.120)
- Therapeutic treatment homes (7 AAC 136.020)
- Withdrawal management services (7 AAC.70.110)

Qualified Behavioral Health Professional Individual Provider Designations

All 1115 Behavioral Health waiver services listed in this manual must be provided by a Qualified Behavioral Health Professional (QBHP). No separate application is required; however, before the QBHP may perform 1115 Behavioral Health waiver services, they must obtain a National Provider Identifier (NPI) number, complete a background check, and enroll as an Alaska Medicaid program provider. Enrollment must be affiliated with a provider group that meets the standards under 7 AAC 105.200. Behavioral health providers may enroll with Alaska Medical Assistance by applying through Alaska Medicaid Health Enterprise, a secure website that is accessible 24 hours a day, seven days a week. Alaska Medicaid Health Enterprise includes links to websites to assist with provider enrollment.

Types of QBHP individual providers in 1115 Behavioral Health:

- A behavioral health clinical associate is subject to the qualifications listed in 7 AAC 70.990 (3).
- A mental health professional clinician is subject to the qualifications listed in 7 AAC 70.990 (28).
- A Peer Support Specialist (PSS) is subject to the qualifications listed in 7 AAC 138.400.

Medicaid Enrollment

Providers must be enrolled with the state's Medicaid program, referred to as Alaska Medical Assistance, to be reimbursed for covered services rendered to eligible participants. Additionally, a service rendered based on a referral, order, or prescription is reimbursable only if the referring, ordering, or prescribing providers are enrolled as an Alaska Medical Assistance program provider.

Behavioral health providers enroll with Alaska Medical Assistance by applying through the Alaska Medicaid Provider Enrollment Portal, a secure website that is accessible 24 hours a day, seven days a week, and which includes links to a provider resources page and websites to assist with provider enrollment.

Online training is also available to guide providers through the enrollment process. To view this training, visit the Alaska Medicaid Learning Portal.

If extenuating circumstances prevent a provider from enrolling online, please see Alaska DOH Provider Information.

When enrollment is approved, the provider will receive a Medicaid Provider Identification (ID) number and a welcome packet. No services will be paid prior to the enrollment effective date.

Provider Agreement

As part of the enrollment process, providers must submit a signed Provider Agreement, certifying the provider agrees to comply with applicable laws and regulations.

Changes in Provider Enrollment

If enrollment information changes, providers must report the changes within 30 days of the change in writing with an original signature. Use the Update Provider Information Request Form to report a change in any of the following:

- Ownership
- Name
- Licensure, certification, or registration status
- Federal tax identification number
- Type of service or area of specialty
- Additions, deletions, or provider affiliations
- Mailing address or phone number
- Medicare provider identification number.

Administrative Services Organization (ASO) Registration

Providers should go to the Provider Express website and create a One Healthcare ID. If the provider already has a One Healthcare ID, the provider may use that ID to log in.

Recommended Screening Tools for 1115 Waiver Services

The Division recommends that screening tools used under the waiver for screening cover mental health, substance use disorder, and trauma. The Division has not mandated the use of a particular tool exclusively and encourages providers to select an evidenced-based screening tool that best meets the needs of the individual served. Some examples may include:

SAMHSA Evidence-Based Practices Resource Center:
https://www.samhsa.gov/resource-search/ebp

Health Resources and Services Administration:
https://www.hrsa.gov/behavioral-health/substance-use-screening-and-assessment-instruments-database

National Institute of Drug Abuse:
https://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools

Connecticut Clearing House:
https://www.ctclearinghouse.org/topics/screening-tools/

Medicaid-Covered Services for Section 1115 Behavioral Health Services

Home-Based Family Treatment Services – Level 1

Service Name (Abbreviation)	**Home-Based Family Treatment Services - Level 1 (HBFT Level 1)**
Authority ***Effective Date*** ***Revision History***	7 AAC 139.150 Effective {effective date of regulations} Revision 05/21/2020 Revision 08/04/2020 Revision 12/15/2022
Service Description	HBFT is designed to be a community-based early intervention service. HBFT includes treatment and wrap-around services provided in the home and/or in the community to reduce the need for inpatient hospitalization and residential treatment for children/adolescents. There are three levels of intensity/acuity for HBFT. HBFT Level 1 is a prevention/early intervention service for individual/family units focused on engagement. HBFT Level 1 is for individuals at risk of out of home placement and/or at risk of developing a mental, emotional, behavioral, or SUD disorder. HBFT Level 1 provides support, education, training, and resources during home visits or in the community. As the emphasis is on prevention, HBFT Level 1 services are geared toward developing safety and stability in the home, maintaining and strengthen support systems, and providing resources to the family to decrease the need for more intensive treatment interventions.

Service Components	• Crisis diversion & intervention planning
	• Case coordination & referral
	• Ongoing monitoring for safety and stability in the home
	• Skill development including:
	  ○ Assisting parents to utilize developmentally appropriate interventions/strategies to restore functioning and provide structure/support for children with emotional/behavioral problems
	  ○ Communication, problem-solving and conflict-resolution skill building
	  ○ Life/social skills required to restore functioning and provide structure and support for children with emotional and behavioral problems
	  ○ Self-regulation, anger management, and other mood management skills for children, adolescents, and parents
	• Peer supports & navigation
	• Family services plan
	• Linkage to medication services

Contraindicated Services	• Home-Based Family Treatment Level 2 and Level 3 • Intensive Outpatient Program • Partial Hospitalization Program • Children's Residential Treatment Level 1 and Level 2 • Adult Mental Health Residential Level 1 and Level 2 • ASAM Level 1.0 • ASAM Level 2.1 • ASAM Level 2.5 • ASAM Level 3.1 • ASAM Level 3.3 • ASAM Level 3.5 (adolescent) • ASAM Level 3.5 (adult) • ASAM Level 3.7 (adolescent) • ASAM Level 3.7 (adult) • ASAM Level 4.0 • ASAM Level 3.2 withdrawal management • ASAM Level 3.7 withdrawal management • ASAM Level 4.0 withdrawal management • Psychiatric Residential Treatment Facility <u>Exceptions:</u> HBFT Level 1, 2, or 3 may be billed concurrently with CRT Level 1 or CRT Level 2 or PRTF for up to 30 calendar days per year as part of a discharge plan from a residential treatment facility.
Service Requirements/ Expectations	HBFT Level 1 providers must use a screening tool to identify an individual's problems with one or more social determinants of health. Providers are not required to conduct an individual assessment or develop a treatment plan. For HBFT Level 1, select Z codes from the ICD-10 are allowable as a primary diagnosis. See Attachment A for 2021/2022 ICD-10 coding guidelines. HBFT Level 1 services are provided according to a family services plan developed by the provider in collaboration with the family. The family services plan must include protective factors for any other natural supports in the home and out of home placement, along with any risk factors related to the development of substance use and/or mental health disorder.
Target Population	Individuals under 21 years of age at risk of out-of-home placement or diagnosed with or at risk to develop a mental, emotional, or behavioral disorder or substance use disorder as determined by a screening conducted under 7 AAC 135.100

Staff Qualifications	HBFT may be staffed by a multidisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include: • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists
Service Location	No inpatient or residential settings allowed under this service. Services may be provided in outpatient settings including: 02 - Telehealth, patient not located at home 03 - School 04 - Homeless Shelter 10 - Telehealth, patient locate at home 12 - Home 14 - Group Home 18 - Place of Employment 23 - Emergency Room 53 - Community Mental Health Center 99 - Other appropriate place of service If telehealth is allowed, the appropriate telehealth modifier must be appended when billing the service.
Service Frequency/Limits	None.
Service Authorization	No service authorization required.
Service Documentation	Must be documented in a progress note in accordance with 7 AAC 105.230.
Relationship to Other Services	HBFT Level 1 may be provided concurrently with any service listed in standards manual that is not otherwise contraindicated.
Service Code	H1011 V2
Unit Value	1 unit = 15 minutes
Payment Rate	See rate chart.
Additional Information	Programs may employ a multidisciplinary team of professionals to work in their HBFT Level 1 program(s).

Home-Based Family Treatment Services – Level 2

Service Name (Abbreviation)	**Home-Based Family Treatment Services Level 2 (HBFT Level 2)**
Authority ***Effective Date*** ***Revision History***	7 AAC 139.150 Effective {effective date of regulations} Revision 05/21/2020 Revision 08/04/2020 Revision 12/15/2022
Service Description	HBFT is designed to be a community-based early intervention service. HBFT includes treatment and wrap-around services provided in the home and/or in the community to reduce the need for inpatient hospitalization and residential treatment for children/adolescents. There are three levels of intensity/acuity for HBFT. HBFT Level 2 is a community or home-based early intervention service focused on providing treatment services to reduce the need for hospitalization or residential care. HBFT Level 2 provides clinical services, including an assessment and treatment plan. Services may include family, group and individual therapy designed to focus on crisis diversion and skill building for the family. The emphasis is on early intervention to ensure services are available to the family to learn interventions and strategies to restore functioning. Services should include ongoing monitoring for safety and stability for the family as well as providing referral resources. The difference between HBFT Level 2 and Level 3 is the service frequency and risk level of the individual receiving of the service.

Service Components	• Crisis diversion & intervention planning
	• Case coordination & referral
	• Ongoing monitoring for safety and stability in the home
	• Skill development including:
	  ○ Assisting parents to utilize developmentally appropriate interventions/strategies to restore functioning and provide structure/support for children with emotional/behavioral problems
	  ○ Communication, problem-solving and conflict-resolution skill building
	  ○ Life/social skills required to restore functioning and provide structure and support for children with emotional and behavioral problems
	  ○ Self-regulation, anger management, and other mood management skills for children, adolescents, and parents
	• Peer supports & navigation
	• Clinical services (with clinical assessment and treatment plan)
	• Comprehensive family assessment
	• Family, group, and individual therapy
	• Linkage to medication services—including medication administration

Contraindicated Services	• Home-Based Family Treatment Level 1 and Level 3 • Partial Hospitalization Program • Children's Residential Treatment Level 1 and Level 2 • Adult Mental Health Residential Level 1 and Level 2 • ASAM Level 2.5 • ASAM Level 3.1 • ASAM Level 3.3 • ASAM Level 3.5 (adolescent) • ASAM Level 3.5 (adult) • ASAM Level 3.7 (adolescent) • ASAM Level 3.7 (adult) • ASAM Level 4.0 • ASAM Level 3.2 withdrawal management • ASAM Level 3.7 withdrawal management • ASAM Level 4.0 withdrawal management • Psychiatric Residential Treatment Facility Exceptions: HBFT Level 1, 2, or 3 may be billed concurrently with CRT Level 1 or CRT Level 2 or PRTF for up to 30 calendar days per year as part of a discharge plan from a residential treatment facility.
Service Requirements/ Expectations	HBFT Level 2 providers must complete an assessment and develop an initial treatment plan in accordance with 7 AAC 139.100. The assessment includes how family relationship and family dynamics impact the individual's identified problems. Service engagement is recommended to be provided in the home at least twice a week for this level of care.
Target Population	Individuals under 21 years of age at high risk of out-of-home placement. "High risk" means a person with a score of one or more on the Adverse Childhood Experiences Questionnaires, adopted by reference in 7 AAC 160.900 Adverse Childhood Experiences Survey-ACES).

Staff Qualifications	HBFT may be staffed by a multidisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include: • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists
Service Location	No inpatient or residential settings allowed under this service. Services may be provided in outpatient settings including: 02 - Telehealth, patient not located at home 03 - School 04 - Homeless Shelter 10 - Telehealth, patient locate at home 12 - Home 14 - Group Home 18 - Place of Employment 23 - Emergency Room 53 - Community Mental Health Center 99 - Other appropriate place of service If telehealth is allowed, the appropriate telehealth modifier must be appended when billing the service.
Service Frequency/Limits	None.
Service Authorization	No service authorization required.
Service Documentation	Must be documented in a progress note in the individual's clinical record in accordance with 7 AAC 135.130, including the documentation of the delivery of any clinic and rehabilitative services.
Relationship to Other Services	HBFT Level 2 may be provided concurrently with any service listed in standards manual that is not otherwise contraindicated.
Service Code	H1011 TF V2
Unit Value	1 unit = 15 minutes
Payment Rate	See rate chart.

Additional Information	Programs may employ a multidisciplinary team of professionals to work in their HBFT Level 2 program(s).

Home-Based Family Treatment Services – Level 3

Service Name (Abbreviation)	**Home-Based Family Treatment Services – Level 3 (HBFT3)**
Authority ***Effective Date*** ***Revision History***	7 AAC 139.150 Effective {effective date of regulations} Revision 05/21/2020 Revision 08/04/2020 Revision 12/15/2022
Service Description	HBFT is designed to be a community-based early intervention service. HBFT includes treatment and wrap-around services provided in the home and/or in the community to reduce the need for inpatient hospitalization and residential treatment for children/adolescents. There are three levels of intensity/acuity for HBFT. HBFT Level 3 is a community-based or home-based early intervention service focused on providing treatment services to reduce the need for hospitalization or residential care. HBFT Level 3 provides clinical services, including an assessment and treatment plan. Services may include family, group and individual therapy designed to focus on crisis diversion and skill building for the family. The emphasis is on early intervention to ensure services are available to the family to learn interventions and strategies to restore functioning. Services should include ongoing monitoring for safety and stability for the family as well as providing referral resources. The difference between HBFT Level 3 and Level 2 is the service frequency and risk level of the individual receiving of the service.

Service Components	• Crisis diversion & intervention planning
	• Case coordination & referral
	• Ongoing monitoring for safety and stability in the home
	• Skill development, including:
	  ○ Assisting parents to utilize developmentally appropriate interventions/strategies to restore functioning and provide structure/support for children with emotional/behavioral problems
	  ○ Communication, problem-solving and conflict-resolution skill building
	  ○ Life/social skills required to restore functioning and provide structure and support for children with emotional and behavioral problems
	  ○ Self-regulation, anger management, and other mood management skills for children, adolescents, and parents
	• Peer supports & navigation
	• Clinical services (with clinical assessment and treatment plan)
	• Comprehensive family assessment
	• Family, group, and individual therapy
	• Linkage to medication services—including medication administration
	• As applicable coordination with the children's/youth's case worker or probation officer to assure appropriate placement/supervision and community services.

Contraindicated Services	• Home-Based Family Treatment Level 1 and Level 2 • Partial Hospitalization Program • Children's Residential Treatment Level 1 and Level 2 • Adult Mental Health Residential Level 1 and Level 2 • ASAM Level 2.5 • ASAM Level 3.1 • ASAM Level 3.3 • ASAM Level 3.5 (adolescent) • ASAM Level 3.5 (adult) • ASAM Level 3.7 (adolescent) • ASAM Level 3.7 (adult) • ASAM Level 4.0 • ASAM Level 3.2 withdrawal management • ASAM Level 3.7 withdrawal management • ASAM Level 4.0 withdrawal management • Psychiatric Residential Treatment Facility <u>Exceptions:</u> HBFT Level 1, 2, or 3 may be billed concurrently with CRT Level 1 or CRT Level 2 or PRTF for up to 30 calendar days per year as part of a discharge plan from a residential treatment facility.

Service Requirements/ Expectations	HBFT Level 3 providers must complete an assessment and develop an initial treatment plan in accordance with 7 AAC 139.100. The assessment addresses how family relationship and family dynamics impact the individual's identified problems. Service engagement is recommended to be provided in the home at least three times a week for this level of care.
Target Population	Individuals under 21 years of age at imminent risk of out-of-home placement or who has been discharged from a residential treatment program, psychiatric hospital, or juvenile detention facility. "Imminent risk" means a person who has been in contact with the office in the department responsible for children's services regarding issues that could lead to out-of-home placement.
Staff Qualifications	HBFT may be staffed by a multidisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include: • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists
Service Location	No inpatient or residential settings allowed under this service. Services may be provided in outpatient settings including: 02 - Telehealth, patient not located at home 03 - School 04 - Homeless Shelter 10 - Telehealth, patient locate at home 12 - Home 14 - Group Home 18 - Place of Employment 23 - Emergency Room 53 - Community Mental Health Center 99 - Other appropriate place of service If telehealth is allowed, the appropriate telehealth modifier must be appended when billing the service.
Service Frequency/Limits	None.

Service Authorization	No service authorization required.
Service Documentation	Must be documented in a progress note in accordance with AAC 135.130, including the documentation of the delivery of any clinic and rehabilitative services.
Relationship to Other Services	HBFT Level 3 may be provided concurrently with any service listed in standards manual that is not otherwise contraindicated.
Service Code	H1011 TG V2
Unit Value	1 unit = 15 minutes
Payment Rate	See rate chart.
Additional Information	Programs may employ a multidisciplinary team of professionals to work in their HBFT Level 3 program(s).

Therapeutic Treatment Homes

Service Name (Abbreviation)	**Therapeutic Treatment Home (TTH)**
Authority ***Effective Date*** ***Revision History***	7 AAC 139.400 Effective {effective date of regulations} Revision 05/21/2020 Revision 08/04/2020 Revision 12/15/2022
Service Description	TTH services are provided to children/youth who experience severe mental, emotional, or behavioral health needs and cannot be stabilized in a less restrictive setting. As a result of the severe mental, emotional, or behavioral health needs, these children/youth require intensive individualized behavioral health and other support services from qualified providers. TTH is provided in a licensed foster home and must include trauma-informed care principles. TTH is a medically necessary service for behavioral health treatment of a child with a clinical recommendation for the TTH level of care.
Service Components	• Integrated behavioral health assessment • Trauma-informed services • Development of cognitive, behavioral, and other trauma-informed therapies reflecting a variety of treatment approaches provided to the child/youth on an individual and/or family basis • Crisis intervention and support services • Structured daily activities including the development, improvement, monitoring, and reinforcing of age-appropriate social, communication and behavioral skills • Medication monitoring

Contraindicated Services	• Children's Residential Treatment Level 1 and Level 2 • Adult Mental Health Residential Level 1 and Level 2 • ASAM Level 3.1 • ASAM Level 3.3 • ASAM Level 3.5 (adolescent) • ASAM Level 3.5 (adult) • ASAM Level 3.7 (adolescent) • ASAM Level 3.7 (adult) • ASAM Level 4.0 • ASAM Level 3.2 withdrawal management • ASAM Level 3.7 withdrawal management • ASAM Level 4.0 withdrawal management • Psychiatric Residential Treatment Facility <u>Exceptions:</u> Therapeutic Treatment Home services and CRT Level 1/CRT Level 2 or PRTF services may be billed concurrently for up to 12 calendar days per year as part of a discharge plan from a residential treatment facility for a child. Therapeutic Treatment Home services and HBFT Level 1, 2, and 3 and may be billed concurrently for up to 30 calendar days per year as part of discharge plan.
Service Requirements/ Expectations	Therapeutic treatment home services must: • Be provided in a licensed foster home under 7 AAC 50 by at least one licensed foster parent • Include trauma-informed care by licensed foster parents and other providers who have received documented training or education in principles of trauma-informed care • Be provided under the direction and supervision of a community behavioral health services provider approved under 7 AAC 136.020 A mental health professional clinician should provide clinical supervision of foster parents and services provided to the child, maintain at least weekly contact with staff, and meet at least two times a month face-to-face with both children and parents separately in the home or via telehealth. It is also recommended that programs employ a caseworker, which may be the mental health professional, to be the main point of contact for the treatment team and manage the treatment planning and coordination. Licensed foster homes providing Therapeutic Treatment Home services are responsible for meeting all applicable state statutes and regulations for foster homes in Alaska. While licensure for foster homes is required, TTH is a level of care treatment service and not foster care placement. As such, TTH is based on medical need and must be clinically supported.

Target Population	Children/adolescent under age 21 with severe mental, emotional, or behavioral health needs and who cannot be stabilized in a less intensive home setting.
Staff Qualifications	THH may be staffed by a multidisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include: • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists To meet the staffing requirements, programs must employ a licensed foster parent.
Service Location	Services may be provided in the following settings: 12 - Home 33 - Custodial Care Facility 99 - Other appropriate place of service No inpatient or residential settings allowed for this service.
Service Frequency/Limits	90 days per State Fiscal Year.
Service Authorization	Service authorization may be requested after State Fiscal Year limits have been reached.
Service Documentation	Therapeutic Treatment Home services must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	Therapeutic Treatment Homes Services may be provided concurrently with any service listed in standards manual that is not otherwise contraindicated. Respite care is not an approved use of therapeutic treatment homes.
Service Code	H2020 V2
Unit Value	1 unit = 1 day
Payment Rate	See rate chart.

Additional Information	Programs may employ a multidisciplinary team of professionals to perform Therapeutic Treatment Home service(s). It is recommended that providers and foster homes providing therapeutic treatment home services integrate the applicable standards adopted by the Alaska chapter of the Family Focused Treatment Association (FFTA) for Therapeutic Foster Care (TFC) Parents and Child Placement Agencies (CPA).

Children's Residential Treatment – Level 1

Service Name (Abbreviation)	**Children's Residential Treatment Level 1 (CRT Level 1)**
Authority ***Effective Date*** ***Revision History***	7 AAC 139.325 Effective {effective date of regulations} Revision 08/04/2020 Revision 06/30/2021 Revision 12/15/2022
Service Description	CRT services are individualized and trauma-informed. CRT programs have the capacity to identify and treat children/youth with substance use disorders, or to refer and connect them to appropriate SUD services. Services must include the child/youth's biological, adoptive, foster, or identified family unless this is clinically inappropriate, or a post-discharge placement has not been identified. CRT Level 1 services must be provided by an interdisciplinary treatment team in a therapeutically structured, supervised environment for children and adolescents who are at-risk while living in their community. CRT level 1 services are for children and adolescents who: • Need stabilization and assessment • Do not require the intense services of medical personnel • Have not responded to outpatient treatment; and • Have treatment needs that cannot be met in a less restrictive setting.

Service Components	• Integrated behavioral health assessment
	• Behavior stabilization (i.e., return to baseline level of functioning or decrease in escalating behaviors)
	• Case coordination to ensure child/youth is linked to all necessary services based on their individual needs.
	• Ongoing assessment of child/youth's symptoms, behaviors, and safety needs and development of treatment interventions
	• Skill development, including:
	  ○ Communication, problem-solving and conflict-resolution skill building
	  ○ Life/social skills required to restore functioning and provide structure and support for children with emotional and behavioral problems
	  ○ Self-regulation, anger management, and other mood management skills for children, adolescents, and parents
	• Clinical services including individual, group and family therapy, unless clinically contraindicated
	• Trauma-informed services
	• CRT programs offer services to help families/caregivers gain understanding about their child's mental health needs and develop skills and supports necessary for the child/youth to return home.
	• Programs must have the capacity to maintain the child/youth's educational needs.
	• Therapeutically structured daily program provided in a supervised environment
	• Linkage to medication services—including medication administration is provided, as needed, either on-site or through collaboration with other providers
	• Discharge planning with appropriate referrals
	• Individual safety plan which includes a crisis plan for the family if the child/adolescent needs short-term stabilization to focus on returning the child/adolescent into the family home setting.
	
	CRT programs often occur during school hours; therefore, educational services are either offered or coordinated with a school system to meet the educational needs of the adolescent. Medicaid will not pay for educational services.

Contraindicated Services	• Home-Based Family Treatment Level 1, Level 2, and Level 3 • Therapeutic Treatment Home • Community Recovery Support Services • Assertive Community Treatment (ACT) • Partial Hospitalization Program • Children's Residential Treatment Level 2 • Adult Mental Health Residential Level 1 and Level 2 • ASAM Level 2.1 • ASAM Level 2.5 • ASAM Level 3.1 • ASAM Level 3.3 • ASAM Level 3.5 (adolescent) • ASAM Level 3.5 (adult) • ASAM Level 3.7 (adolescent) • ASAM Level 3.7 (adult) • ASAM Level 4.0 • ASAM Level 1.0 withdrawal management • ASAM Level 2.0 withdrawal management • ASAM Level 3.2 withdrawal management • ASAM Level 3.7 withdrawal management • ASAM Level 4.0 withdrawal management • Psychiatric Residential Treatment Facility <u>Exceptions</u> CRT Level 1 and CRT Level 2 may be billed concurrently with HBFT Level 1, 2, or 3 for up to 30 calendar days per year as part of a discharge plan from a residential treatment facility. CRT Level 1 and CRT Level 2 and Therapeutic Treatment Home services may be billed concurrently for up to 12 calendar days per year as part of a discharge plan from a residential treatment facility for a child.
Service Requirements/ Expectations	CRT Level 1 services must: • Include a minimum of 10 hours of treatment services per week. • Be provided in a facility approved by the department and that maintains a therapeutically structured and supervised environment. • Be provided by an interdisciplinary treatment team.
Target Population	CRT level 1 Target Population is for children and adolescents in need of stabilization and assessment who do not require the intensive services of medical personnel and who have not responded to outpatient treatment and whose treatment needs that cannot be met in a less restrictive setting.

Staff Qualifications	CRT services may be staffed by an interdisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include: • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists
Service Location	Services may be provided in residential settings, including: 14 - Group Home 53 - Community Mental Health Center 99 - Other appropriate place of service Telehealth is not allowed for this service.
Service Frequency/Limits	90 days per State Fiscal Year.
Service Authorization	Service authorization may be requested after State Fiscal Year limits have been reached.
Service Documentation	Must be documented in a progress note in the patient's clinical record in accordance with 7 AAC 135.130. <u>Exception</u> No assessment or treatment plan required for first 7 days. During the first 7 days, select Z codes from the ICD-10 are allowable as a primary diagnosis. See Attachment A for 2021/2022 ICD-10 coding guidelines.
Relationship to Other Services	Children's Residential Treatment Services Level 1 may be provided concurrently with any service listed in standards manual that is not otherwise contraindicated.
Service Code	T2033 V2
Unit Value	1 unit = 1 day
Payment Rate	See rate chart.

Additional Information	CRT programs may employ an interdisciplinary team of professionals to work in their programs; however, at least one (1) therapeutic intervention per day, must be documented and be provided by a qualified staff to be eligible to draw down the daily rate. Additionally, providers may bill and be reimbursed for completed days of service which meet the minimum per day requirement, even if an individual discharges from treatment against medical advice.

Children's Residential Treatment – Level 2

Service Name (Abbreviation)	**Children's Residential Treatment Level 2 (CRT Level 2)**
Authority ***Effective Date*** ***Revision History***	7 AAC 139.325 Effective {effective date of regulations} Revision 08/04/2020 Revision 06/30/2021 Revision 12/15/2022
Service Description	CRT services are individualized and trauma-informed. CRT programs have the capacity to identify and treat children/youth with substance use disorders, or to refer and connect them to appropriate SUD services. Services must include the child/youth's biological, adoptive, foster, or identified family unless this is clinically inappropriate, or a post-discharge placement has not been identified. CRT Level 2 services must be provided by an interdisciplinary treatment team in a therapeutically structured, supervised environment, for children/youth with intensive treatment and recovery service needs. Children/youth appropriate for this level of care typically have complex needs that cannot be met in a less restrictive setting or have completed a higher level of care and require a step-down level of care.

Service Components	• Integrated behavioral health assessment
	• Behavior stabilization (i.e., return to baseline level of functioning or decrease in escalating behaviors)
	• Case coordination to ensure child/youth is linked to all necessary services based on their individual needs.
	• Ongoing assessment of child/youth's symptoms, behaviors, and safety needs and development of treatment interventions
	• Skill development, including:
	  ○ Communication, problem-solving and conflict-resolution skill building
	  ○ Life/social skills required to restore functioning and provide structure and support for children with emotional and behavioral problems
	  ○ Self-regulation, anger management, and other mood management skills for children, adolescents, and parents
	• Clinical services including individual, group and family therapy, unless clinically contraindicated
	• Trauma-informed services
	• CRT programs offer services to help families/caregivers gain understanding about their child's mental health needs and develop skills and supports necessary for the child/youth to return home
	• Programs must have the capacity to maintain the child/youth's educational needs
	• Therapeutically structured daily program provided in a supervised environment
	• Linkage to medication services provided, as needed, either on-site or through collaboration with other providers
	• Discharge planning with appropriate referrals
	
	CRT programs often occur during school hours; therefore, educational services are either offered or coordinated with a school system to meet the educational needs of the adolescent. Medicaid will not pay for educational services.

Contraindicated Services	• Home-Based Family Treatment Level 1, Level 2, and Level 3 • Therapeutic Treatment Home • Community Recovery Support Services • Assertive Community Treatment (ACT) • Partial Hospitalization Program • Children's Residential Treatment Level 1 • Adult Mental Health Residential Level 1 and Level 2 • ASAM Level 2.1 • ASAM Level 2.5 • ASAM Level 3.1 • ASAM Level 3.3 • ASAM Level 3.5 (adult) • ASAM Level 3.5 (adolescent) • ASAM Level 3.7 (adult) • ASAM Level 3.7 (adolescent) • ASAM Level 4.0 • ASAM Level 1.0 withdrawal management • ASAM Level 2.0 withdrawal management • ASAM Level 3.2 withdrawal management • ASAM Level 3.7 withdrawal management • ASAM Level 4.0 withdrawal management • Psychiatric Residential Treatment Facility <u>Exceptions</u> CRT Level 1 and CRT Level 2 may be billed concurrently with HBFT Level 1, 2, or 3 for up to 30 calendar days per year as part of a discharge plan from a residential treatment facility. CRT Level 1 and CRT Level 2 and Therapeutic Treatment Home services may be billed concurrently for up to 12 calendar days per year as part of a discharge plan from a residential treatment facility for a child.
Service Requirements/ Expectations	CRT Level 2 services must: • Include a minimum of 15 hours of treatment services per week. • Be provided in a facility approved by the department and that maintains a therapeutically structured and supervised environment. • Be provided by an interdisciplinary treatment team.
Target Population	Children and adolescents who need intensive treatment and recovery services, and who have treatment needs that cannot be met in a less restrictive setting; demonstrated an inability to adjust and progress in a family setting, therapeutic treatment home, or outpatient or other structured treatment placement in the past 12-month period; or completed a higher level of care and require a step-down level of care before returning to a community setting.

Staff Qualifications	CRT may be staffed by an interdisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include: • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists
Service Location	Services may be provided in residential settings, including: 14 - Group Home 53 - Community Mental Health Center 99 - Other appropriate place of service Telehealth is not allowed for this service.
Service Frequency/Limits	90 days per State Fiscal Year.
Service Authorization	Service authorization may be requested after State Fiscal Year limits have been reached.
Service Documentation	Must be documented in a progress note in the patient's clinical record in accordance with 7 AAC 135.130.
Relationship to Other Services	Children's Residential Treatment Services Level 2 may be provided concurrently with any service listed in standards manual that is not otherwise contraindicated.
Service Code	T2033 TF V2
Unit Value	1 unit = 1 day
Payment Rate	See rate chart.
Additional Information	CRT programs may employ an interdisciplinary team of professionals to work in their programs; however, at least one (1) therapeutic intervention per day, must be documented and provided a qualified staff to be eligible to draw down the daily rate. Additionally, providers may bill and be reimbursed for completed days of service which met the minimum per day requirement, even if an individual discharges from treatment against medical advice.

Intensive Case Management Services (ICM)

Service Name (Abbreviation)	**Intensive Case Management Services (ICM)**
Authority ***Effective Date*** ***Revision History***	7 AAC 139.200 Effective {effective date of regulations} Revision 05/21/2020 Revision 08/04/2020 Revision 12/15/2022
Service Description	ICM services include evaluation, outreach, support services, advocacy with community agencies, arranging services and supports, teaching community living and problem-solving skills, modeling productive behaviors, and teaching individuals to become self-sufficient.
Service Components	Case manager serves as the central point of contact for an individual brokering and/or linking individual with mental health, SUD, medical, social, educational, vocational, legal, and financial resources in the community, including: • Intensive outreach services outside of clinic, including street outreach, visiting the individual's home, work, and other community settings; • Referring for individual, group or family therapy, medical, or other specialized services; • Engaging natural supports (natural supports are family members/close kinship relationships and community members (e.g., friends, co-workers, etc.) that enhance the quality of life; • Assessment and treatment plan with quarterly update assessments; • Regular monitoring of behavioral health services, delivery, safety, and stability; • Triaging for crisis intervention purposes (e.g., determining need for intervention and referral to appropriate service or authority); and • Assisting individuals in being able to better perform problem-solving skills, self-sufficiency, productive behaviors, conflict resolution.
Contraindicated Services	None.
Service Requirements/ Expectations	ICM services must be provided according to the criteria listed in 7 AAC 139.200 and 7 AAC 138.400. • For children/adolescents at risk of out of home placement, ICM includes community-based wraparound services. • For adults with acute mental health needs, ICM includes ongoing and long-term support, but the ICM support is less intensive than the support provided in assertive community treatment.

Target Population	In accordance with eligibility criteria under 7 AAC 139.010 the following individuals are eligible for ICM services: • An individual under 21 years of age who is diagnosed with a behavioral health disorder or is at risk of either developing a behavioral health disorder based upon a screening or is at risk of out-of-home placement. • An adult who is experiencing a serious mental illness. • An individual 21 years of age or older who meets the diagnostic criteria for a behavioral health disorder.
Staff Qualifications	ICM may be staffed by a multidisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include: • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists

Service Location	Services may be provided in the following settings: 02 - Telehealth, patient not located at home 03 - School 04 - Homeless Shelter 05 - Indian Health Service Free-standing Facility 06 - Indian Health Service Provider-based Facility 07 - Tribal 638 Free-standing Facility 08 - Tribal 638 Provider-based Facility 10 - Telehealth, patient located at home 11 - Office 12 - Home 13 - Assisted Living Facility 14 - Group Home 15 - Mobile Unit 16 - Temporary Lodging 18 - Place of employment 19 - Off Campus Outpatient Hospital 22 - On Campus Outpatient Hospital 23 - Emergency Room 26 - Military Treatment Center 49 - Independent Clinic 50 - Federally Qualified Health Center 52 - Psychiatric Facility- Partial Hospitalization 53 - Community Mental Health Center 54 - Intermediate Care Facility/Individuals with Intellectual Disabilities 55 - Residential Substance Abuse Treatment Facility 57 - Non-Residential Substance Abuse Treatment Center 58 - Non-Residential Opioid Treatment Facility 61 - Comprehensive Inpatient Rehabilitation Facility 71 - State or local Public Health Clinic 72 - Rural Health Clinic 99 - Other appropriate place of service If telehealth is allowed, the appropriate telehealth modifier must be appended when billing the service.
Service Frequency/Limits	None.
Service Authorization	No service authorization required.
Service Documentation	Must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	ICM may be provided concurrently with any services listed in standards manual that is not otherwise contraindicated.
Service Code	H0023 V2

Unit Value	1 unit = 15 minutes
Payment Rate	See rate chart.
Additional Information	Programs may employ a multidisciplinary team of professionals to work in their ICM program(s).

Community Recovery Support Services (CRSS)

Service Name (Abbreviation)	**Community Recovery Support Services (CRSS)**
Authority ***Effective Date*** ***Revision History***	7 AAC 139.200 Effective {effective date of regulations} Revision 05/21/2020 Revision 08/04/2020 Revision 12/15/2022
Service Description	CRSS includes skill-building, counseling, coaching, and support services to help prevent relapse, improve self-sufficiency, and promote recovery from behavioral health disorders (i.e., mental health disorders and/or substance use disorders).
Service Components	• Recovery coaching by a qualified professional, including guidance, support and encouragement with strength-based supports during recovery. • Skill-building services, including coaching and referrals, to build social, cognitive, and living skills and help identify resources for these skills. • Facilitation of level-of-care transitions. • Peer-to-peer services. ○ Family members of people experiencing SED, SMI, SUD or Co-occurring disorders may provide services to these family members. • Family education, training and supports, like psychoeducational services with self-help concepts/skills that promote wellness, stability, self- sufficiency/recovery, and education for individuals and family members about mental health and substance use disorders using factual data about signs/symptoms, prognosis of recovery, therapies/drugs, family relationships, and other issues impacting recovery and functioning. • Relapse prevention services. • Child therapeutic support services, including linking child and/or parents with supports, services, and resources for healthy child development, and identifying development milestones, and educating parents about healthy cognitive, emotional, and social child development.

Contraindicated Services	• Children's Residential Treatment Level 1 and Level 2 • Adult Mental Health Residential Level 1 and Level 2 • ASAM Level 3.1 • ASAM Level 3.3 • ASAM Level 3.5 (adolescent) • ASAM Level 3.5 (adult) • ASAM Level 3.7 (adolescent) • ASAM Level 3.7 (adult) • ASAM Level 4.0 • ASAM Level 3.2 withdrawal management • ASAM Level 3.7 withdrawal management • ASAM Level 4.0 withdrawal management
Service Requirements/ Expectations	CRSS must be provided according to the criteria listed in 7 AAC 139.200 and 7 AAC 138.400.
Target Population	In accordance with eligibility criteria under 7 AAC 139.010 the following individuals are eligible for CRSS services: • An individual under 21 years of age who is diagnosed with a behavioral health disorder or is at risk of either developing a behavioral health disorder based upon a screening or is at risk of out-of-home placement. • An adult who is experiencing a serious mental illness. • An individual 21 years of age or older who meets the diagnostic criteria for a behavioral health disorder.
Staff Qualifications	CRSS may be staffed by a multidisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include: • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists

Service Location	Services may be provided in outpatient settings, including: 02 - Telehealth, patient not located at home 03 - School 04 - Homeless Shelter 05 - Indian Health Service Free-standing Facility 06 - Indian Health Service Provider-based Facility 07 - Tribal 638 Free-standing Facility 08 - Tribal 638 Provider-based Facility 10 - Telehealth, patient located at home 11 - Office 12 - Home 13 - Assisted Living Facility 14 - Group Home 15 - Mobile Unit 16 - Temporary Lodging 18 - Place of employment 19 - Off Campus Outpatient Hospital 22 - On Campus Outpatient Hospital 23 - Emergency Room 26 - Military Treatment Center 49 - Independent Clinic 50 - Federally Qualified Health Center 52 - Psychiatric Facility- Partial Hospitalization 53 - Community Mental Health Center 54 - Intermediate Care Facility/Individuals with Intellectual Disabilities 57 - Non-Residential Substance Abuse Treatment Center 58 - Non-Residential Opioid Treatment Facility 71 - State or local Public Health Clinic 72 - Rural Health Clinic 99 - Other appropriate place of service If telehealth is allowed, the appropriate telehealth modifier must be appended when billing the service.
Service Frequency/Limits	None.
Service Authorization	No service authorization required.
Service Documentation	Must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	CRSS may be provided concurrently with any service listed in standards manual that is not otherwise contraindicated.
Service Code	H2021 V2 - Individual H2021 HQ V2 - Group
Unit Value	1 unit = 15 minutes

Payment Rate	See rate chart.
Additional Information	Programs may employ a multidisciplinary team of professionals to work in their CRSS program(s).

Assertive Community Treatment (ACT) Services

Service Name (Abbreviation)	**Assertive Community Treatment (ACT) Services**
Authority ***Effective Date*** ***Revision History***	7 AAC 139.200 Effective {effective date of regulations} Revision 05/21/2020 Revision 08/04/2020 Revision 12/15/2022
Service Description	ACT services are delivered in a community setting and include evidence-based practices designed to provide treatment, rehabilitation, and support services to individuals who have severe and persistent mental illnesses, have severe symptoms and impairments, and who historically have not benefited from outpatient programs. Services are provided by a qualified multidisciplinary team. An ACT team is the first line and generally sole provider of all behavioral health services required to meet an individual's needs.
Service Components	Operating as a continuous treatment service, the ACT team must have the capacity to provide comprehensive treatment, rehabilitation, and support services as a self-contained unit. Core services include: • Active client recruitment • Crisis assessment and intervention • Assertive outreach and engagement • Empirically supported interventions and psychotherapy • Wellness self-management and relapse prevention • Medication prescription, administration, and monitoring • Co-Occurring disorders treatment • Supported employment and education • Psychiatric rehabilitation • Social and community integration skills training • Peer support services
Contraindicated Services	• Partial Hospitalization Program • Children's Residential Treatment Level 1 and Level 2 • Adult Mental Health Residential Level 1 and Level 2 • ASAM Level 2.5 • ASAM Level 3.1 • ASAM Level 3.3 • ASAM Level 3.5 (adolescent) • ASAM Level 3.5 (adult) • ASAM Level 3.7 (adolescent) • ASAM Level 3.7 (adult) • ASAM Level 4.0 • ASAM Level 3.2 withdrawal management • ASAM Level 3.7 withdrawal management • ASAM Level 4.0 withdrawal management

Service Requirements/ Expectations	Assertive community treatment services must be available 24 hours a day, seven days a week, according to recipient need. ACT teams will operate in alignment with the Dartmouth Assertive Community Treatments Scale (DACTS): https://case.edu/socialwork/centerforebp/resources/dartmouth-assertive-community-treatment-scale-dacts-protocol ACT must operate as a multidisciplinary team with sufficient number of staff from the core behavioral health disciplines to provide ACT services. Being the single point of responsibility for a client's needs necessitates a higher frequency and intensity of community-based contacts, and a very low client-to-staff ratio. Client to staff ratio should not exceed 10:1. Client service intensity is a minimum of four (4) or more face-to-face contacts per week and two (2) or more face-to-face hours of service delivery each week for all clients. Services must be provided in the community at least 80% of the time. Staff as part of the multidisciplinary team must include: a team leader, psychiatric prescriber, nurse, a substance abuse specialist, a vocational specialist, clinicians, a peer support specialist, and other behavioral health staff to provide psychiatric rehabilitation services. In the first year of operation, an ACT team member may perform more than one provider role so long as: the client-to-staff ratio is maintained at 10:1; all required disciplines are represented; and there is a sufficient number of staff to provide core services. ACT teams will receive fidelity reviews on a schedule at the discretion of the Division utilizing the DACTS. A full ACT team will serve 80-100 clients. A half ACT team will serve 30-50 clients. The Division will review a written request to implement a micro-ACT team on a case-by-case basis.
Target Population	Individuals 18 years of age or older: • Who have a serious mental illness or disorder, as defined under 7 ACC 135.055 and 7 AAC 70.910; • Who have significant symptoms and functional impairments • Whose needs have not otherwise been adequately met through behavioral health services offered under 7 AAC 135 • An individual may receive ACT, without being an adult experiencing a serious mental illness, if the individual is 18 years of age or older but under 21 years of age; and the department determines that the individual is eligible for the services

Staff Qualifications	ACT may be staffed by a multidisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include: • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists
Service Location	Services may be provided in outpatient settings, including: 03 - School 04 - Homeless Shelter 05 - Indian Health Service Free-standing Facility 06 - Indian Health Service Provider-based Facility 07 - Tribal 638 Free-standing Facility 08 - Tribal 638 Provider-based Facility 11 - Office 12 - Home 13 - Assisted Living Facility 14 - Group Home 15 - Mobile Unit 16 - Temporary Lodging 18 - Place of employment 19 - Off Campus Outpatient Hospital 22 - On Campus Outpatient Hospital 23 - Emergency Room 26 - Military Treatment Center 49 - Independent Clinic 50 - Federally Qualified Health Center 53 - Community Mental Health Center 57 - Non-Residential Substance Abuse Treatment Center 58 - Non-Residential Opioid Treatment Facility 71 - State or local Public Health Clinic 72 - Rural Health Clinic 99 - Other appropriate place of service Telehealth is not allowed for this service.
Service Frequency/Limits	None.

Service Authorization	No service authorization required.
Service Documentation	Must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	ACT team services may be provided concurrently with any service listed in standards manual that is not otherwise contraindicated.
Service Code	H0039 V2
Unit Value	1 unit = 15 minutes
Payment Rate	See rate chart.
Additional Information	Programs may employ a multidisciplinary team of professionals to work in their ACT programs. ACT teams will use the State of Alaska Assertive Community Treatment (ACT) Program Standards as a resource and for guidance in development of an ACT team.

Intensive Outpatient Services

Service Name (Abbreviation)	**Intensive Outpatient Services (IOP)**
Authority ***Effective Date*** ***Revision History***	7 AAC 139.250 Effective {effective date of regulations} Revision 05/21/2020 Revision 08/04/2020 Revision 12/15/2022
Service Description	IOP includes structured programming provided to an individual who is experiencing significant functional impairment that interferes with the individual's ability to participate in one or more life domains including home, work, school, and community. Treatment addresses the clinical issues which functionally impair the individual's ability to cope with major life tasks.
Service Components	• Individualized assessment and clinically directed treatment • Cognitive, behavioral, and other mental health and substance use disorder treatment therapies, reflecting a variety of treatment approaches, provided to the individual on an individual, group, and/ or family basis • Psychoeducational services • Linkage to medication services—including medication administration • Crisis intervention services • Linkage to recovery support and social support services
Contraindicated Services	• Home-Based Family Treatment Level 1 • Partial Hospitalization Program • Children's Residential Treatment Level 1 and Level 2 • Adult Mental Health Residential Level 1 and Level 2 • ASAM Level 2.1 • ASAM Level 2.5 • ASAM Level 3.1 • ASAM Level 3.3 • ASAM Level 3.5 (adolescent) • ASAM Level 3.5 (adult) • ASAM Level 3.7 (adolescent) • ASAM Level 3.7 (adult) • ASAM Level 4.0 • ASAM Level 3.2 withdrawal management • ASAM Level 3.7 withdrawal management • ASAM Level 4.0 withdrawal management
Service Requirements/ Expectations	IOP is a therapeutic outpatient program that maintains daily scheduled treatment activities.

Target Population	Individuals experiencing a mental disorder, as defined under 139.010, and significant functional impairment that interferes with the individual's ability to participate in one or more life domains, including home, work, school, and community.
Staff Qualifications	IOP may be staffed by a multidisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include: • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists
Service Location	Services may be provided in outpatient settings, including: 02 - Telehealth, patient not located at home 03 - School 05 - Indian Health Service Free-standing Facility 06- Indian Health Service Provider-based Facility 07 - Tribal 638 Free-standing Facility 08 - Tribal 638 Provider-based Facility 10 - Telehealth, patient located at home 11 - Office 22 - On Campus-Outpatient Hospital 23 - Emergency Room 26 - Military Treatment Center 49 - Independent Clinic 50 - Federally Qualified Health Center 53 - Community Mental Health Center 57 - Non-residential Substance Abuse Treatment Center 71 - State or local Public Health Clinic 72 - Rural Health Clinic If telehealth is allowed, the appropriate telehealth modifier must be appended when billing the service.
Service Frequency/Limits	None.
Service Authorization	No service authorization required.

Service Documentation	Must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	IOP services may be provided concurrently with any service listed in standards manual that is not otherwise contraindicated.
Service Code	H0015 V2 - Individual H0015 HQ V2 - Group
Unit Value	1 unit = 15 minutes
Payment Rate	See rate chart.
Additional Information	Programs may employ a multidisciplinary team of professionals to work in their IOP programs; however, clinic services must be provided by a mental health professional clinician to be eligible to draw down the per unit rate.

Partial Hospitalization Program (PHP)

Service Name (Abbreviation)	**Partial Hospitalization Program (PHP)**
Authority ***Effective Date*** ***Revision History***	7 AAC 139.250 Effective {effective date of regulations} Revision 05/21/2020 Revision 08/04/2020 Revision 12/15/2022
Service Description	PHP services address the emotional, behavioral, or cognitive conditions and complications that affect the individual's level of function, stability, and impairment. These services appropriate for individuals who require daily monitoring and management in a structured outpatient setting to actively treat the presenting psychiatric disorder. Without the repeated structured and clinically directed motivational interventions, individuals are at high risk for either relapse or for admission to a higher level of hospitalized care. PHP have the capacity to: • Provide direct access to psychiatric and medical consultation and treatment, including medication services; • Address biomedical conditions and problems severe enough to distract from recovery efforts, but insufficient to interfere with treatment; • Treat the individual with co-occurring psychiatric, behavioral, medical, and substance-use disorder issues.

Service Components	The weekly program schedule includes a combination of: • Individualized assessment and clinically directed treatment • Cognitive, behavioral, and other mental health disorder-focused therapies reflecting a variety of treatment approaches, provided to the individual on an individual, group, and/or family basis • Psychiatric evaluation services • Nursing services • Psychoeducational services • Linkage to medication services—including medication prescription, review of medication, medication administration, and medication management • Medication services for other physical and SUD may be provided, as needed, either on-site or through collaboration with other providers • Occupational, recreational, and play therapy services as appropriate • Crisis intervention services • Linkage to recovery support services focused on skill development for individuals; for youth, specifically, linkage to social supports should be focused on the youth and/or family • For youth, educational instruction (during regular school year) PHP occur during school hours; therefore, educational services are either offered or coordinated with a school system to meet the educational needs of the youth. Medicaid will not pay for educational services.
Contraindicated Services	• Home-Based Family Treatment Level 1, Level 2, and Level 3 • Intensive Outpatient Program • Assertive Community Treatment (ACT) • Children's Residential Treatment Level 1 and Level 2 • Adult Mental Health Residential Level 1 and Level 2 • ASAM Level 1.0 • ASAM Level 2.1 • ASAM Level 2.5 • ASAM Level 3.1 • ASAM Level 3.3 • ASAM Level 3.5 (adolescent) • ASAM Level 3.5 (adult) • ASAM Level 3.7 (adolescent) • ASAM Level 3.7 (adult) • ASAM Level 4.0 • ASAM Level 3.2 withdrawal management • ASAM Level 3.7 withdrawal management • ASAM Level 4.0 withdrawal management

Service Requirements/ Expectations	PHP services must: • Be provided at minimum 20 hours of treatment services per week. The minimum daily limit is 4 hours. • Be provided in a therapeutic environment that maintains daily scheduled treatment activities by providers qualified to treat individuals with significant mental health and co-occurring disorders • Include direct access to psychiatric and medical consultation and treatment, including medication services
Target Population	Individuals eligible under 7 AAC 139.010 who are experiencing an assessed psychiatric disorder in which PHP treatment would be used to prevent relapse or the need for higher level of hospitalized care.
Staff Qualifications	PHP must be staffed by a multidisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include: • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists

Service Location	Services may be provided in outpatient settings, including: 03 - School 04 - Homeless Shelter 05 - Indian Health Service Free-standing Facility 06 - Indian Health Service Provider-based Facility 07 - Tribal 638 Free-standing Facility 08 - Tribal 638 Provider-based Facility 11 - Office 14 - Group Home 18 - Place of Employment 22 - On Campus Outpatient Hospital 23 - Emergency Room 26 - Military Treatment Center 49 - Independent Clinic 50 - Federally Qualified Health Center 52 - Psychiatric Facility Partial Hospitalization Program 53 - Community Mental Health Center 57 - Non-residential Substance Abuse Treatment Center 71 - State or local Public Health Clinic 72 - Rural Health Clinic 99 - Other appropriate place of service Telehealth is not allowed for this service. Medicaid will not reimburse for hospital-based PHP.
Service Frequency/Limits	PHP services must be provided at a minimum of 20 hours of treatment services per week. The minimum daily limit for PHP is 4 hours.
Service Authorization	No service authorization required.
Service Documentation	Must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	PHP services may be provided concurrently with any service listed in standards manual that is not otherwise contraindicated.
Service Code	H0035 V2
Unit Value	1 unit = 1 day
Payment Rate	See rate chart.
Additional Information	Outpatient programs may employ a multidisciplinary team of professionals to work in their PHP programs; however, at least one clinical service per day must be provided by a mental health professional to be eligible to draw down the daily rate. Additionally, providers may bill and be reimbursed for completed days of service which meet the minimum requirement per day even if an individual discharges from treatment against medical advice.

Adult Mental Health Residential Services Level 1 (AMHR Level 1)

Service Name (Abbreviation)	**Adult Mental Health Residential Services Level 1 (AMHR Level 1)**
Authority ***Effective Date*** ***Revision History***	7 AAC 139.300 Effective {effective date of regulations} Revision 05/21/2020 Revision 08/04/2020 Revision 12/15/2020
Service Description	AMHR is a level of treatment provided in a therapeutically structured, supervised environment for adults with acute mental health needs. AMHR services are for those who present with behaviors or symptoms that are difficult to manage and who exhibit behaviors that require a treatment facility that can provide intensive rehabilitation, stabilization, and monitoring to maintain client safety. An interdisciplinary team provides daily clinical services to comprehensively address and improve the individual's mental health condition. AMHR Level 1 is appropriate for individuals who have a diagnosed mental, emotional, or behavioral disorder or co-occurring mental, emotional, or behavioral disorder and SUD disorder. Individuals in AMHR Level 1 exhibit behaviors/psychiatric symptoms that result in functional impairment and require daily monitoring to prevent the need for psychiatric hospitalization/psychiatric emergency services or involvement in the criminal justice system. Co-occurring services for SUD must be available either on site or through referral.
Service Components	• Clinically directed therapeutic treatment to stabilize and reduce psychiatric symptoms • Comprehensive evaluation to assess emotional, behavioral, medical, educational, and social needs, and how to support these needs safely • Medication Services—including prescription, administration, and management ○ Medication services for physical conditions and SUD is provided, as needed, either on-site or through collaboration with other providers • Treatment services including individual, group, and/or family therapy • Services reflect a variety of treatment approaches, with the focus on psychosocial rehabilitation and stabilization • Active treatment and on-going assessment of client's symptoms, behaviors, and safety needs • Therapeutically structured daily program provided in a supervised environment

Contraindicated Services	• Home-Based Family Treatment Level 1, Level 2, and Level 3 • Therapeutic Treatment Home • Community Recovery Support Services • Assertive Community Treatment • Intensive Outpatient Program • Partial Hospitalization Program • Children's Residential Treatment Level 1 and Level 2 • Adult Mental Health Residential Level 2 • ASAM Level 2.5 • ASAM Level 3.1 • ASAM Level 3.3 • ASAM Level 3.5 (adolescent) • ASAM Level 3.5 (adult) • ASAM Level 3.7 (adolescent) • ASAM Level 3.7 (adult) • ASAM Level 4.0 • ASAM Level 1.0 withdrawal management • ASAM Level 2.0 withdrawal management • ASAM Level 3.2 withdrawal management • ASAM Level 3.7 withdrawal management • ASAM Level 4.0 withdrawal management • Psychiatric Residential Treatment Facility

Service Requirements/ Expectations	AMHR Level 1 services must: • Include a minimum of eight hours of treatment services per week • Be provided in a facility approved by the department that maintains a therapeutically structured and supervised environment • Be provided in a facility with 16 or fewer beds by an interdisciplinary treatment team. These services must be provided by an interdisciplinary team and supported by the following professionals: • A qualified behavioral health provider who directs client treatment • A mental health professional clinician who provides clinical oversight to the AMHR facility and coordination of care. The mental health professional clinician must maintain at least weekly contact with the AMHR clinical team and meet with clients as often as needed to assess treatment progress. This contact may be conducted through telehealth services. An AMHR facility must have 24-hour on-site staff who remain awake overnight. Adult Mental Health Treatment programs must meet the definition of an Assisted Living Home and therefore are required to obtain an Assisted Living Home license. The Division of Behavioral Health has developed variances to accommodate the differences between ALH and AMHR. While AMHR is required to be licensed as an AHL, AMHR is a treatment service. Individuals participate in AMHR based on medical need that is clinically supported.
Target Population	An individual diagnosed with a mental, emotional, or behavioral disorder or co-occurring mental, emotional, or behavioral disorder and substance use disorder; and with a prior history of continuous high-service needs. The individual presents with behaviors or symptoms that require a facility to provide intensive rehabilitative services, stabilization, and to maintain safety. “High-service needs” means a person who in the past 12-month period has accessed or been in contact with acute psychiatric hospitalization; psychiatric emergency services; or the criminal justice system or has been unable to maintain safe and stable housing as a result of behaviors or symptoms.

Staff Qualifications	AMHR must be staffed by an interdisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include: • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists
Service Location	Services may be provided in the following settings: 53 - Community Mental Health Center 99 - Other appropriate place of service Telehealth is not allowed for this service.
Service Frequency/Limits	90 days per State Fiscal Year.
Service Authorization	A psychiatric or psychological assessment must be conducted for an adult receiving behavioral health residential treatment services before the department will approve a provider request for a service authorization to exceed one year. Service authorization may be requested when State Fiscal Year Limit is exhausted.
Service Documentation	Must be documented in a progress note in accordance with 7 AAC 135.130. Discharge planning must begin upon admission to the program.
Relationship to Other Services	AMHR services may be provided concurrently with any service listed in standards manual that is not otherwise contraindicated.
Service Code	T2016 V2
Unit Value	1 unit = 1 day
Payment Rate	See rate chart.
Additional Information	Programs must employ an interdisciplinary team of professionals to work in their AMHR I program(s). Medicaid is prohibited from paying for room and board.

Adult Mental Health Residential Services Level 2 (AMHR Level 2)

Service Name (Abbreviation)	**Adult Mental Health Residential Services Level 2 (AMHR Level 2)**
Authority ***Effective Date*** ***Revision History***	7 AAC 139.300 Effective {effective date of regulations} Revision 05/21/2020 Revision 08/04/2020 Revision 12/15/2022
Service Description	AMHR is a level of treatment provided in a therapeutically structured, supervised environment for adults with acute mental health needs. AMHR services are for those who present with behaviors or symptoms that are difficult to manage and who exhibit behaviors that require a treatment facility that can provide intensive rehabilitation, stabilization, and monitoring to maintain client safety. An interdisciplinary team provides daily clinical services to comprehensively address and improve the individual's mental health condition. AMHR Level 2 is appropriate for individuals who have diagnosed mental, emotional or SUD disorders and present with behaviors/symptoms which require daily supervision and monitoring in a structured treatment environment. Due to the diagnosed chronic disorders, individuals in AMHR Level 2 experience significant impairment and are unable to safely maintain in a lesser restrictive outpatient setting. Co-occurring services for SUD must be available either onsite or through referral.
Service Components	• Clinically directed therapeutic treatment to stabilize and reduce psychiatric symptoms • Comprehensive evaluation to assess emotional, behavioral, medical, educational, and social needs, and how to support these needs safely • Medication Services—including prescription, administration, and management ○ Medication services for physical conditions and SUD is provided, as needed, either on-site or through collaboration with other providers • Treatment services including individual, group, and/or family therapy • Services reflect a variety of treatment approaches, with the focus on psychosocial rehabilitation and stabilization • Active treatment and on-going assessment of client's symptoms, behaviors, and safety needs • Therapeutically structured daily program provided in a supervised environment

Contraindicated Services	• Home-Based Family Treatment Level 1, Level 2, and Level 3 • Therapeutic Treatment Home • Community Recovery Support Services • Assertive Community Treatment • Intensive Outpatient Program • Partial Hospitalization Program • Children's Residential Treatment Level 1 and Level 2 • Adult Mental Health Residential Level 1 • ASAM Level 2.5 • ASAM Level 3.1 • ASAM Level 3.3 • ASAM Level 3.5 (adolescent) • ASAM Level 3.5 (adult) • ASAM Level 3.7 (adolescent) • ASAM Level 3.7 (adult) • ASAM Level 4.0 • ASAM Level 1.0 withdrawal management • ASAM Level 2.0 withdrawal management • ASAM Level 3.2 withdrawal management • ASAM Level 3.7 withdrawal management • ASAM Level 4.0 withdrawal management • Psychiatric Residential Treatment Facility

Service Requirements/ Expectations	AMHR Level 2 services must: • Include a minimum of five hours of treatment services per week, that: • Be provided in a facility approved by the department that maintains a therapeutically structured and supervised environment • Be provided in a facility with 16 or fewer beds by an interdisciplinary treatment team. These services must be provided by an interdisciplinary team and supported by the following professionals: • A qualified behavioral health provider who directs client treatment • A mental health professional clinician who provides clinical oversight to the AMHR facility and coordination of care. The mental health professional clinician must maintain at least weekly contact with the AMHR clinical team and meet with clients as often as needed to assess treatment progress. This contact may be conducted through telehealth services. An AMHR facility must have 24-hour on-site staff who remain awake overnight. Adult Mental Health Treatment programs must meet the definition of an Assisted Living Home and therefore are required to obtain an Assisted Living Home license. The Division of Behavioral Health has developed variances to accommodate the differences between ALH and AMHR. While AMHR is required to be licensed as an AHL, AMHR is a treatment service. Individuals participate in AMHR based on medical need that is clinically supported.
Target Population	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 according to AS 47.33 and 7 AAC 75, and who has a not responded to outpatient treatment; and 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.

Staff Qualifications	AMHR must be staffed by an interdisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include: • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists
Service Location	Services may be provided in the following settings: 53- Community Mental Health Center 99 - Other appropriate place of service Telehealth is not allowed for this service.
Service Frequency/Limits	180 days per State Fiscal Year.
Service Authorization	A psychiatric or psychological assessment must be conducted for an adult receiving behavioral health residential treatment services before the department will approve a provider request for a service authorization to exceed one year. Service authorization may be requested when State Fiscal Year Limit is exhausted.
Service Documentation	Must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	AMHR services may be provided concurrently with any service listed in standards manual that is not otherwise contraindicated.
Service Code	T2016 TG V2
Unit Value	1 unit = 1 day
Payment Rate	See rate chart.
Additional Information	Programs must employ an interdisciplinary team of professionals to work in their AMHR Level 2 program(s). Medicaid is prohibited from paying for room and board.

Peer-Based Crisis Services

Service Name (Abbreviation)	**Peer-Based Crisis Services (PBCS)**
Authority ***Effective Date*** ***Revision History***	7 AAC 139.350 Effective {effective date of regulations} Revision 05/21/2020 Revision 08/04/2020 Revision 12/15/2022
Service Description	Peer-based crisis services are provided by a peer support specialist or a multi-disciplinary team of qualified addiction professionals of which at least one member is a PSS, to help an individual experiencing a crisis to avoid the need for hospital emergency department services or the need for psychiatric hospitalization. Peer support staff may engage in a range of other therapeutic activities to reduce or eliminate the emergent/crisis situation to support the individual or the family of individual in crisis. Peer services are provided by peer support professionals with similar lived experience and have received crisis training.
Service Components	• Triage of crisis intervention needs • Crisis support services • Facilitation of the transition to the community by accessing community resources and initiating natural supports • Participation in planning for care needs if requested by the individual receiving the support • Activation of resiliency strength services • Advocacy services (e.g., services include acting as an advocate for an individual regarding preferred treatment, engagement to access services and supports, navigation to bridge services or to access necessary supports)
Contraindicated Services	None.

Service Requirements/ Expectations	Peer-based crisis services must be provided by a peer support specialist working under the supervision of a mental health professional clinician or SUD counselor. The PSS may provide the following activities: • Triaging for crisis intervention purposes to determine need for intervention and referral to appropriate service or authority • Facilitation of transition to other community-based resources or natural supports • Advocacy for individual needs with other service providers • Provide the appropriate crisis intervention strategies The mental health professional clinician or SUD counselor is available to the PSS via onsite, telephonically or via telehealth to triage any emergent behavioral health crisis that may exceed the scope of practice for the PSS. Qualified providers of peer-based crisis services are recommended to follow the SAMHSA "Essential Principles for Modern Crisis Care Systems" from the National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit Executive Summary. (Attachment B) https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf
Target Population	Individuals experiencing a behavioral health crisis who may benefit from peer-based crisis services to help avoid the need for hospital emergency department services or the need for psychiatric hospitalization
Staff Qualifications	Peer based crisis services may be staffed by a multidisciplinary team of qualified behavioral health professionals when the team also includes as least one PSS. Providers qualified to be reimbursed for eligible services as part of a multidisciplinary team include: • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists

Service Location	Services may be provided in the following settings: 03 - School 04 - Homeless Shelter 05 - Indian Health Service Free-standing Facility 06 - Indian Health Service Provider-based Facility 07 - Tribal 638 Free-standing Facility 08 - Tribal 638 Provider-based Facility 11 - Office 12 - Home 13 - Assisted Living Facility 14 - Group Home 15 - Mobile Unit 16 - Temporary Lodging 18 - Place of Employment 19 - Off Campus-Outpatient Hospital 22 - On Campus-Outpatient Hospital 23 - Emergency Room 26 - Military Treatment Center 49 - Independent Clinic 50 - Federally Qualified Health Center 52 - Partial Hospitalization Program 53 - Community Mental Health Center 54 - Intermediate Care Facility/ Individuals with Intellectual Disabilities 55 - Residential Substance Abuse Treatment Facility 56 - Psychiatric Residential Treatment Center 57 - Non-residential Substance Abuse Treatment Center 58 - Non-residential Opioid Treatment Facility 61 - Comprehensive Inpatient Rehabilitation Facility 71 - State or local Public Health Clinic 72 - Rural Health Clinic 99 - Other appropriate place of service Telehealth is not allowed for this service.
Service Frequency/Limits	None.
Service Authorization	No service authorization required.
Service Documentation	Must be documented in a progress note in accordance with 7 AAC 139.350.
Relationship to Other Services	Peer-Based Crisis services may be provided concurrently with any service listed in standards manual that is not otherwise contraindicated. Time-based billing rules apply per 7 AAC 105.230.
Service Code	H0038 V2
Unit Value	1 unit = 15 minutes

Payment Rate	See rate chart.
Additional Information	Programs may employ a multidisciplinary team of professionals to perform peer-based crisis services(s).

23-Hour Crisis Observation and Stabilization (COS)

Service Name (Abbreviation)	**23-Hour Crisis Observation and Stabilization (COS)**
Authority ***Effective Date*** ***Revision History***	7 AAC 139.350 Effective {effective date of regulations} Revision 05/21/2020 Revision 08/04/2020 Revision 12/15/2022
Service Description	23-hour Crisis Observation and Stabilization (COS) services provide prompt observation and stabilization for individuals who are at imminent risk of or are presently experiencing acute mental health symptoms or emotional distress. These services are provided for up to 23 hours and 59 minutes in a secure environment. COS services are provided to help an individual maintain safety and to avoid the need for hospital emergency department services or the need for psychiatric hospitalization.
Service Components	• Individual assessment • Psychiatric evaluation services • Nursing services • Medication services-including prescription, administration, and management • Crisis intervention services which include therapeutic interventions to decrease and stabilize the presenting crisis • Identification and resolution the contributing factors to the crisis when possible • Stabilization of withdrawal symptoms if appropriate • Advocacy, networking, and support to provide linkages and referrals to appropriate community-based services
Contraindicated Services	None.

Service Requirements/ Expectations	• COS are provided for up to 23 hours and 59 minutes in a secure environment to an individual who is at imminent risk of or is presently experiencing acute mental health symptoms or emotional distress. • COS services must be provided by medical staff supervised by a physician, a physician assistant, or an advanced practice registered nurse. • COS services result in prompt evaluation and stabilization of the individual's condition. • COS services ensure that the individual is safe from self-harm, including suicidal behavior. • COS are provided in a secure environment. A "secure environment" means a level of security that will reasonably ensure that if a recipient leaves without permission, the individual's act of leaving will be immediately noticed. • At least one COS service component per episode of care must be provided by a medical professional with prescribing privileges. COS have the additional service requirements/expectations: • May vary in the number of observation chairs; • Must be available 24/7 (i.e., 24 hours for each day of the week); • Must coordinate with law enforcement. This includes securing written agreements with local and service area law enforcement regarding coordination and having the capacity to receive direct referrals from law enforcement; • Must, if available, coordinate services with a crisis residential and stabilization services center; • Must provide either co-occurring capable or enhanced evaluation or services; • May share staffing with a crisis residential and stabilization services center, if co-located, when necessary, provided that adequate staffing remains (i.e. an LPN) in both units. Qualified providers of COS services are recommended to follow the SAMHSA "Essential Principles for Modern Crisis Care Systems" from the National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit Executive Summary. (Attachment B) https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf
Target Population	Individuals who are presenting with acute symptoms of mental or emotional distress who need a secure environment for evaluation and stabilization.

Staff Qualifications	COS may be staffed by a multidisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include: • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists

Service Location	Services may be provided in the following settings: 03 - School 04 - Homeless Shelter 05 - Indian Health Service Free-standing Facility 06 - Indian Health Service Provider-based Facility 07 - Tribal 638 Free-standing Facility 08 - Tribal 638 Provider-based Facility 11 - Office 12 - Home 13 - Assisted Living Facility 14 - Group Home 15 - Mobile Unit 16 - Temporary Lodging 18 - Place of Employment 19 - Off Campus Hospital 20 - Urgent Care Facility 21 - Inpatient Hospital 22 - On Campus Outpatient Hospital 23 - Emergency Room 26 - Military Treatment Center 34 - Hospice 49 - Independent Clinic 50 - Federally Qualified Health Center 51 - Inpatient Psychiatric Facility 52 - Psychiatric Facility-Partial Hospitalization 53 - Community Mental Health Center 54 - Intermediate Care Facility/ Individuals with Intellectual Disabilities 55 - Residential Substance Abuse Treatment Facility 56 - Psychiatric Residential Treatment Center 57 - Non-Residential Substance Abuse Treatment Center 58 - Non-Residential Opioid Treatment Facility 61 - Comprehensive Inpatient Rehabilitation Facility 71 - State or local Public Health Clinic 72 - Rural Health Clinic 99 - Other appropriate place of service Telehealth is not allowed for this service.
Service Frequency/Limits	None
Service Authorization	No service authorization required.
Service Documentation	Must be documented in a progress note in accordance with 7 AAC 139.350.

Relationship to Other Services	COS services may be provided concurrently with any service listed in standards manual that is not otherwise contraindicated. Time-based billing rules apply per 7 AAC 105.230.
Service Code	S9484 V2
Unit Value	1 unit = 60 minutes
Payment Rate	See rate chart.
Additional Information	COS programs may employ a multidisciplinary team of professionals; however, a licensed physician, nurse, physician assistant, or community health aide or at the direction of licensed physician, advanced practice registered nurse, or physician assistant must facilitate each unit of service to draw down the hourly rate.

Mobile Outreach and Crisis Response Services (MOCR)

Service Name (Abbreviation)	**Mobile Outreach and Crisis Response Services (MOCR)**
Authority ***Effective Date*** ***Revision History***	7 AAC 139.350 Effective {effective date of regulations} Revision 05/21/2020 Revision 08/04/2020 Revision 12/15/2022
Service Description	MOCR services are provided to prevent a mental health crisis or to stabilize an individual during or after a mental health crisis. Services are available 24/7 to individuals and/or families who are experiencing a crisis or have received a MOCR service within 48 hours. MOCR services are delivered in the community in any location where the provider and the individual can maintain safety. MOCR services render rapid assessment and intervention, prevent crises from escalating, stabilize the individual/family, and connect the individual/family to appropriate services needed to resolve the crisis with essential follow up to ensure connection to resources and/or ensure the crisis has stabilized.
Service Components	• Triage and screening, including screening for suicidality • Crisis assessment including causes leading to the crisis, safety and risk considerations, strengths and resources, recent behavioral health treatment, medications prescribed and recent compliance, and medical history as it relates to the crisis • Peer support as part of the MOCR team • Crisis planning included, such as the creation of a safety plan • Coordination, referral and linkage with appropriate community services and resources • Linkage to medication services as indicated • Skills training designed to minimize future crisis situations
Contraindicated Services	None.

Service Requirements/ Expectations	MOCR programs must be available 24 hours a day, 7 days of the week, make available psychiatric consultation, and provide rapid face-to-face response as follows: • The person in crisis must be present for a majority of the service delivery duration. • Urban teams on average must respond to individual within an hour. • Rural and frontier teams are not required to respond within an hour but must document efforts taken with respect to a rapid face-to-face response. For an initial individual crisis request, a MOCR program must ensure that a team of at least two staff respond, face-to-face, including a mental health professional clinician and a qualified behavioral health provider, such as a behavioral health associate. • Rural and frontier programs may have only one staff person onsite to respond and may use telehealth to meet the requirement for at least one additional qualified staff (or more as needed). MOCR programs must document attempt to crisis follow-up with an individual after a response within 48 hours to ensure support, safety, and confirm linkage with any referrals. This requirement may be satisfied through a phone call or a telehealth engagement with an individual. MOCR programs must coordinate with law enforcement and a 23-hour crisis observation and stabilization (COS) services and crisis stabilization services, when available. When appropriate, MOCR services may also be provided to the family or support system in support of an individual who is experiencing a behavioral health crisis. Qualified providers of MOCR services are recommended to follow the SAMHSA "Essential Principles for Modern Crisis Care Systems" from the National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit Executive Summary. (Attachment B) https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf
Target Population	MOCR services are provided to (1) prevent substance use disorder or mental health crisis from escalating; (2) stabilize an individual during or after a mental health crisis or a crisis involving a substance use disorder; or (3) refer and connect an individual to other appropriate services that may be needed to resolve the crisis. MOCR team may work with immediately family, kinship relation, or non-kinship primary caregiver and child (when the service recipient is a minor) to reduce or deescalate the identified behavior. MOCR teams may work with immediately family, kinship relation, or non-kinship primary caregiver and child for the follow-up interaction to the initial face-to-face contact.

Staff Qualifications	MOCR services may be staffed by a multidisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include: • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists

Service Location	MOCR services may be provided in any location where the provider and the individual can maintain safety. 03 - School 04 - Homeless Shelter 05 - Indian Health Service Free-standing Facility 06 - Indian Health Service Provider-based Facility 07- Tribal 638 Free-standing Facility 08 - Tribal 638 Provider-based Facility 11 - Office 12 - Home 13 - Assisted Living Facility 14 - Group Home 15 - Mobile Unit 16 - Temporary Lodging 18 - Place of employment 19 - Off Campus Outpatient Hospital 20 - Urgent Care Facility 21 - Inpatient Hospital 22 - On Campus Outpatient Hospital 23 - Emergency Room 26 - Military Treatment Center 34 - Hospice 49 - Independent Clinic 50 - Federally Qualified Health Center 51 - Inpatient Psychiatric Facility 52 - Psychiatric Facility- Partial Hospitalization 53 - Community Mental Health Center 54 - Intermediate Care Facility/Individuals with Intellectual Disabilities 55 - Residential Substance Abuse Treatment Facility 56 - Psychiatric Residential Treatment Center 57 - Non-Residential Substance Abuse Treatment Center 58 - Non-Residential Opioid Treatment Facility 61 - Comprehensive Inpatient Rehabilitation Facility 71 - State or local Public Health Clinic 72 - Rural Health Clinic 99 - Other appropriate place of service
Service Frequency/Limits	None.
Service Authorization	No service authorization required.
Service Documentation	Must be documented in a progress note in accordance with 7 AAC 139.350.
Relationship to Other Services	MOCR services may be provided concurrently with any service listed in standards manual that is not otherwise contraindicated.
Service Code	T2034 V2

Unit Value	1 unit = Per Call Out
Payment Rate	See rate chart.
Additional Information	Programs may employ a multidisciplinary team of professionals to perform MOCR; however, each unit of service must be provided by a mental health professional clinician or other qualified professional listed in staff qualifications to be eligible to draw down the per unit rate.

MOCR Crisis Service Follow Up

Service Name (Abbreviation)	**MOCR Crisis Service Follow Up**
Authority ***Effective Date*** ***Revision History***	7 AAC 139.350 Effective {effective date of regulations} Revision 12/15/2022
Service Description	MOCR services are provided to prevent a mental health crisis or to stabilize an individual during or after a mental health crisis. Services are available 24/7 to individuals and/or families who are experiencing a crisis or have received a MOCR service within 48 hours. MOCR services are delivered in the community in any location where the provider and the individual can maintain safety. MOCR services render rapid assessment and intervention, prevent crises from escalating, stabilize the individual/family, and connect the individual/family to appropriate services needed to resolve the crisis with essential follow up to ensure connection to resources and/or ensure the crisis has stabilized. MOCR crisis services follow up are provided to individuals and/or families to ensure connection to resources and/or ensure the crisis has stabilized. The follow up continues to assess for safety and confirms linkage with any referrals.
Service Components	• Triage and screening, including screening for suicidality • Crisis assessment including causes leading to the crisis, safety and risk considerations, strengths and resources, recent behavioral health treatment, medications prescribed and recent compliance, and medical history as it relates to the crisis • Peer support as part of the MOCR team • Crisis planning included, such as the creation of a safety plan • Coordination, referral and linkage with appropriate community services and resources • Linkage to medication services as indicated • Skills training designed to minimize future crisis situations
Contraindicated Services	None.

Service Requirements/ Expectations	MOCR programs must document attempt to crisis follow-up with an individual after a response within 48 hours to ensure support, safety, and confirm linkage with any referrals. This requirement may be satisfied through a phone call or a telehealth engagement with an individual. Qualified providers of MOCR services are recommended to follow the SAMHSA "Essential Principles for Modern Crisis Care Systems" from the National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit Executive Summary. (Attachment B) https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf
Target Population	MOCR services are provided to (1) prevent substance use disorder or mental health crisis from escalating; (2) stabilize an individual during or after a mental health crisis or a crisis involving a substance use disorder; or (3) refer and connect an individual to other appropriate services that may be needed to resolve the crisis. MOCR team may work with immediately family, kinship relation, or non-kinship primary caregiver and child (when the service recipient is a minor) to reduce or deescalate the identified behavior. MOCR teams may work with immediately family, kinship relation, or non-kinship primary caregiver and child for the follow-up interaction to the initial face-to-face contact.
Staff Qualifications	MOCR Crisis Services Follow Up may be staffed by a multidisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include: • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists

Service Location	MOCR Crisis Services Follow Up may be provided in any location where the provider and the individual can maintain safety. 02 - Telehealth, patient not located at home 03 - School 04 - Homeless Shelter 05 - Indian Health Service Free-standing Facility 06 - Indian Health Service Provider-based Facility 07 - Tribal 638 Free-standing Facility 08 - Tribal 638 Provider-based Facility 10 - Telehealth, patient located at home 11 - Office 12 - Home 13 - Assisted Living Facility 14 - Group Home 15 - Mobile Unit 16 - Temporary Lodging 18 - Place of Employment 19 - Off Campus Hospital 20 - Urgent Care Facility 21 - Inpatient Hospital 22 - On Campus Outpatient Hospital 23 - Emergency Room 26 - Military Treatment Center 34 - Hospice 49 - Independent Clinic 50 - Federally Qualified Health Center 51 - Inpatient Psychiatric Facility 52 - Psychiatric Facility-Partial Hospitalization 53 - Community Mental Health Center 54 - Intermediate Care Facility/ Individuals with Intellectual Disabilities 55 - Residential Substance Abuse Treatment Facility 56 - Psychiatric Residential Treatment Center 57 - Non-Residential Substance Abuse Treatment Center 58 - Non-Residential Opioid Treatment Facility 61 - Comprehensive Inpatient Rehabilitation Facility 71 - State or local Public Health Clinic 72 - Rural Health Clinic 99 - Other appropriate place of service If telehealth is allowed, the appropriate telehealth modifier must be appended when billing the service.
Service Frequency/Limits	None.
Service Authorization	No service authorization required.

Service Documentation	Must be documented in a progress note in accordance with 7 AAC 139.350.
Relationship to Other Services	MOCR crisis services follow up may be provided concurrently with any service listed in standards manual that is not otherwise contraindicated.
Service Code	H2011 TS V2
Unit Value	1 unit = 15 minutes
Payment Rate	See rate chart.
Additional Information	Programs may employ a multidisciplinary team of professionals to perform MOCR crisis services follow up; however, each unit of service must be provided by a mental health professional clinician or other qualified professional listed in staff qualifications to be eligible to draw down the per unit rate.

Crisis Residential and Stabilization Services (CSS)

Service Name (Abbreviation)	**Crisis Residential and Stabilization Services (CSS)**
Authority ***Effective Date*** ***Revision History***	7 AAC 139.350 Effective {effective date of regulations} Revision 05/21/2020 Revision 08/04/2020 Revision 12/15/2022
Service Description	Crisis Residential and Stabilization (CSS) is a short-term residential, medically monitored stabilization service for individuals presenting with acute mental or emotional disorders requiring psychiatric stabilization. CSS services are provided 24 hours a day, seven days a week and are designed to restore the individual to a level of functioning that does not require inpatient hospitalization.
Service Components	• Individualized crisis assessment • Psychiatric evaluation services • Nursing services • Medication services-including prescription, administration, and management • Crisis intervention services which include therapeutic interventions to decrease and stabilize the presenting crisis • Identification and resolution the contributing factors to the crisis when possible • Stabilization of withdrawal symptoms if appropriate • Advocacy, networking, and support to provide linkages and referrals to appropriate community-based services
Contraindicated Services	None.

Service Requirements/ Expectations	CSS services must provide: • A short-term residential program with 16 or fewer beds. The short-term residential program is not more than 7 days in length. • Medically monitored stabilization services designed to restore the individual to a level of functioning that does not require inpatient hospitalization. • Assessment for the need for medication services and other post-discharge and support services. • Individuals must be seen by a physician, physician assistant, psychiatrist, or advanced practice registered nurse within 24 hours of admission to conduct an assessment, address issues of care, and write orders as required. • An individualized crisis assessment based on an evidence-based risk assessment tool. • An individualized crisis treatment plan. • Daily documentation in the clinical record of the individual's progress toward resolution of the crisis. • At least one CSS service component per day must be provided by a medical professional with prescribing privileges Qualified providers of CSS services are recommended to follow the SAMHSA "Essential Principles for Modern Crisis Care Systems" from the National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit Executive Summary. (Attachment B) https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf
Target Population	Individuals who are presenting with acute mental or emotional disorders requiring psychiatric stabilization and care.
Staff Qualifications	CSS services may be staffed by a multidisciplinary team of qualified professionals. Providers qualified to be reimbursed for eligible services include: • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists

Service Location	Services may be provided in the following settings: 05 - Indian Health Service Free-standing Facility 06 - Indian Health Service Provider-based Facility 07 - Tribal 638 Free-standing Facility 08 - Tribal 638 Provider-based Facility 23 - Emergency Room 53 - Community mental health center 99 - Other appropriate place of service Telehealth is not allowed for this service.
Service Frequency/Limits	7 Days/units per State Fiscal Year.
Service Authorization	Service authorization may be requested after State Fiscal Year limits have been reached.
Service Documentation	Must be documented in a progress note in accordance with 7 AAC 139.350.
Relationship to Other Services	Crisis Residential and Stabilization services may be provided concurrently with any service listed in standards manual that is not otherwise contraindicated. Time-based billing rules apply per 7 AAC 105.230.
Service Code	S9485 V2
Unit Value	1 unit = 1 day
Payment Rate	See rate chart.
Additional Information	Programs may employ a multidisciplinary team of professionals to perform Crisis Residential and Stabilization Services; however, to be eligible to draw down the per unit rate, each unit of services must be provided: • directly by a physician, physician assistant, psychiatrist, or advanced practice registered nurse, or • at the direction of a physician, physician assistant, psychiatrist, or advanced practice registered nurse

Treatment Plan Development or Review

Service Name (Abbreviation)	**Treatment Plan Development or Review**
Authority ***Effective Date*** ***Revision History***	7 AAC 139.100 Effective {effective date of regulations} Revision 05/21/2020 Revision 08/04/2020 Revision 12/15/2022
Service Description	As an individual moves through treatment in any level of behavioral health services, his or her progress should be formally assessed at regular intervals relevant to the individual's severity of illness and level of functioning, and the intensity of service and level of care. This includes the development and review of the individual's treatment plan that was developed in accordance with 7 AAC 135.120 to determine whether the level of care, services, and interventions remain appropriate or whether changes are needed to the individual's treatment plan.
Service Components	See 7 AAC 135.120.
Contraindicated Services	None
Service Requirements/ Expectations	A treatment plan review and any necessary revisions must be completed at least every 90 days. This includes documenting the results of the treatment plan review in the clinical record and including the name, signature, and credentials of the individual who conducted the review. The treatment plan review must include the following: • Progress toward achieving treatment goals • Review of identified problems and treatment services to assess if the treatment services are addressing the individual's current needs • Identification of new problems that require assessment or treatment services. Resolution of treatment goals may result in the individual requiring a lower level of care. If this should occur, a referral should be made to the appropriate level of care. Identification of new problems or treatment services may result in the individual requiring a higher level of care. If this should occur, a referral should be made to the appropriate level of care.
Target Population	Individuals eligible under 7 AAC 139.010 receiving services determined to be medically necessary.

Staff Qualifications	Providers qualified to be reimbursed for treatment plan review provided to client include the following if a directing clinician signs and monitors the treatment plan review: • Licensed Physicians • Licensed Physician Assistants • Advanced Practice Registered Nurses • Licensed Registered Nurses • Licensed Practical Nurses • Mental Health Professional Clinicians • Substance Use Disorder Counselors • Certified Medical Assistants/Certified Nursing Assistants • Community Health Aides • Behavioral Health Clinical Associates • Behavioral Health Aides • Peer Support Specialists

Service Location	Services may be provided in the following settings 02 - Telehealth, patient not located at home 03 - School 04 - Homeless Shelter 05 - Indian Health Service Free-standing Facility 06 - Indian Health Service Provider-based Facility 07 - Tribal 638 Free-standing Facility 08 - Tribal 638 Provider-based Facility 10 - Telehealth, patient located at home 11 - Office 12 - Home 13 - Assisted Living Facility 14 - Group Home 15 - Mobile Unit 16 - Temporary Lodging 18 - Place of Work 19 - Off Campus-Outpatient Hospital 22 - On Campus-Outpatient Hospital 23 - Emergency Room 26 - Military Treatment Center 49 - Independent Clinic 50 - Federally Qualified Health Center 52 - Partial Hospitalization Program 53 - Community Mental Health Center 54 - Intermediate Care Facility/ Individuals with Intellectual Disabilities 55 - Residential Substance Abuse Treatment Facility 57 - Non-residential Substance Abuse Treatment Center 58 - Non-residential Opioid Treatment Facility 61 - Comprehensive Inpatient Rehabilitation Facility 71 - State or local Public Health Clinic 72 - Rural Health Clinic 99 - Other appropriate place of service If telehealth is allowed, the appropriate telehealth modifier must be appended when billing the service.
Service Frequency/Limits	At least every 90 days per beneficiary; 5 maximum per recipient per State Fiscal Year.
Service Authorization	Service authorization is not allowed to extend State Fiscal Year Limit.
Service Documentation	Must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	Treatment plan development or review may be provided concurrently with any service listed in standards manual that is not otherwise contraindicated.
Service Code	T1007 V2 - Individual

Unit Value	1 unit = 1 Treatment plan review
Payment Rate	See rate chart.
Additional Information	Programs may employ a multidisciplinary team of professionals to facilitate Treatment plan development or review; however, the directing clinician must sign and monitor the treatment plan review to draw down the per unit rate.

Attachment A: 'Z Code' List - Home-Based Family Treatment Services

Qualifying Z-Codes:

- Z59.00 Homelessness Unspecified
- Z59.01 Sheltered Homelessness
- Z59.02 Unsheltered Homelessness
- Z59.1 Inadequate housing
- Z59.2 Discord with neighbors, lodgers, and landlord
- Z59.3 Problems related to living in residential institution
- Z59.41 Food insecurity
- Z59.48 Other specified lack of adequate food
- Z59.5 Extreme poverty
- Z59.6 Low income
- Z59.7 Insufficient social insurance and welfare support
- Z59.811 Housing instability, housed, with risk of homelessness
- Z59.812 Housing instability, housed, homeless within the last 12 months
- Z59.819 Housing instability, housed, unspecified
- Z59.89 Other problems related to housing and economic circumstances
- Z59.9 Problem related to housing and economic circumstances
- Z60.8 Other Problems Related to social environment
- Z60.9 Problem related to social environment
- Z62.0 Inadequate parental supervision and control
- Z62.21 Child in welfare custody
- Z62.22 Institutional upbringing
- Z62.29 Other upbringing away from parents
- Z62.812 Personal history of neglect in childhood
- Z62.819 Personal history of unspecified abuse in childhood
- Z62.820 Parent-biological child relational problem
- Z62.821 Parent-adopted child conflict
- Z62.822 Parent-foster child conflict
- Z62.898 Child affected by parental relationship distress
- Z62.9 Other problem related to upbringing unspecified
- Z63.0 problems in relationship with spouse or partner
- Z63.32 Other absence of family member
- Z63.5 Disruption of family by separation or divorce
- Z63.79 Other stressful life events affecting family or household
- Z64.0 Unwanted pregnancy
- Z65.1 Prison or incarceration
- Z65.9 Unspecified psychosocial circumstances
- Z69.010 Encounter for mental health services for victim of child abuse/neglect, psychological abuse/sexual abuse by parent
- Z69.020 Encounter for mental health services for victim of child abuse/neglect, psychological abuse/sexual abuse by non-parent
- Z71.88 Encounter for counseling for socioeconomic factors

Attachment B: SAMHSA's Essential Principles for Modern Crisis Care Systems for National Guidelines for Behavioral Health Crisis Care - A Best Practice Toolkit

Best practice crisis care incorporates a set of core principles that must be systematically "baked in" to excellent crisis systems in addition to the core structural elements that are defined as essential for modern crisis systems. These essential principles and practices are:

1. Addressing Recovery Needs
2. Significant Role for Peers
3. Trauma-Informed Care
4. Zero Suicide/Suicide Safer Care
5. Safety/Security for Staff and People in Crisis
6. Crisis Response Partnerships with Law Enforcement, Dispatch, and Emergency Medical Services.

Addressing Recovery Needs

Crisis providers must address the recovery needs of individuals and families to move beyond their mental health and substance use challenges to lead happy, productive, and connected lives each and every day.

Significant Role for Peers

A transformative element of recovery-oriented care is to fully engage the experience, capabilities and compassion of people who have experienced mental health crises. Including individuals with lived mental health and substance use disorder experience (peers) as core members of a crisis team supports engagement efforts through the unique power of bonding over common experiences while adding the benefits of the peer modeling that recovery is possible.

Trauma-Informed Care

The great majority of individuals served in mental health and substance use services have experienced significant interpersonal trauma. Mental health crises and suicidality often are rooted in trauma. These crises are compounded when crisis care involves loss of freedom, noisy and crowded environments and/or the use of force. These situations can actually retraumatize individuals at the worst possible time, leading to worsened symptoms and a genuine reluctance to seek help in the future.

On the other hand, environments and treatment approaches that are safe and calm can facilitate healing. Thus, we find that trauma-informed care is an essential element of crisis treatment. In 2014, SAMHSA set the following guiding principles for trauma-informed care:

1. Safety
2. Trustworthiness and transparency
3. Peer support and mutual self-help
4. Collaboration and mutuality
5. Empowerment, voice and choice
6. Ensuring cultural, historical and gender considerations inform the care provided.

Trauma-informed systems of care ensure these practices are integrated into service delivery. Developing and maintaining a healthy environment of care also requires support for staff, who may have experienced trauma themselves.

Zero Suicide/Suicide Safer Care

Two transformational commitments must be made by every crisis provider in the nation: (1) adoption of suicide prevention as a core responsibility, and (2) commitment to dramatic reductions in suicide among people under care. These changes were adopted and advanced in the revised National Strategy for Suicide Prevention (2012), specifically via a new Goal 8: "Promote suicide prevention as a core component of health care services" (p. 51).

The following key elements of Zero Suicide or Suicide Safer Care are all applicable to crisis care:

1. Leadership-driven, safety-oriented culture committed to dramatically reducing suicide among people under care, that includes survivors of suicide attempts and suicide loss in leadership and planning roles;
2. Developing a competent, confident, and caring workforce;
3. Systematically identifying and assessing suicide risk among people receiving care;
4. Ensuring every individual has a pathway to care that is both timely and adequate to meet his or her needs and includes collaborative safety planning and a reduction in access to lethal means;
5. Using effective, evidence-based treatments that directly target suicidal thoughts and behaviors;
6. Providing continuous contact and support; especially after acute care; and
7. Applying a data-driven quality improvement approach to inform system changes that will lead to improved patient outcomes and better care for those at risk.

Safety/Security for Staff and People in Crisis

Safety for both individuals served and staff is a foundational element for all crisis service settings. Crisis settings are also on the front lines of assessing and managing suicidality and possibly violent thoughts or aggressive behaviors, issues with life and death consequences. While ensuring safety for people using crisis services is paramount, the safety for staff cannot be compromised. Keys to safety and security in crisis delivery settings include:

- Evidence-based and trauma-informed crisis training for all staff;
- Role-specific staff training and appropriate staffing ratios to number of clients being served;
- A non-institutional and welcoming physical space and environment for persons in crisis, rather than plexiglass "fishbowl" observation rooms and keypad-locked doors. This space must also be anti-ligature sensitive and contain safe rooms for people for whom violence may be imminent;
- Established policies and procedures emphasizing "no force first" prior to implementation of safe physical restraint or seclusion procedures;
- Pre-established criteria for crisis system entry;
- Strong relationships with law enforcement and first responders; and
- Policies that include the roles of clinical staff (and law enforcement if needed) for management of incidents of behavior that places others at risk.

Providers must establish environments that are safe for those they serve as well as their own team members who are charged with delivering high quality crisis care that aligns with best practice guidelines. The keys to safety and security for home visits by mental health staff include:

- No mental health crisis outreach worker will be required to conduct home visits alone.
- Employers will equip mental health workers who engage in home visits with a communication device.
- Mental health workers dispatched on crisis outreach visits will have prompt access to any information available on history of dangerousness or potential dangerousness of the client they are visiting.

Law Enforcement and Crisis Response —An Essential Partnership

Law enforcement agencies have reported a significant increase in police contacts with people with mental illness in recent years. Some involvement with mental health crises is inevitable for police. Police officers may (1) provide support in potentially dangerous situations when the need is assessed or (2) make warm hand-offs into crisis care if they happen to be first to engage.

In many communities across the United States, the absence of sufficient and well-integrated mental health crisis care has made local law enforcement the de facto mental health mobile crisis system. This is unacceptable and unsafe. The role of local law enforcement in addressing emergent public safety risk is essential and important. With good mental health crisis care in place, the care team can collaborate with law enforcement in a fashion that will improve both public safety and mental health outcomes. Unfortunately, well-intentioned law enforcement responders to a crisis call can escalate the situation solely based on the presence of police vehicles and armed officers that generate anxiety for far too many individuals in a crisis.

Psychiatric Advance Directives

A psychiatric or mental health advance directive (PAD) is a legal tool that allows a person with mental illness to state their preferences for treatment in advance of a crisis. They can serve as a way to protect a person's autonomy and ability to self-direct care. Crisis providers are expected to always seek to understand and implement any existing PAD that has been developed by the individual during the evaluation phase and work to ensure the individual discharges from crisis care with an updated and accurate psychiatric advance directive whenever possible. PAD creates a path to express treatment preferences and identify a representative who is trusted and legally empowered to make healthcare decisions on medications, preferred facilities, and listings of visitors.

Source:
SAMHSA "Essential Principles for Modern Crisis Care Systems" from the National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit Executive Summary:

https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf