## DEPARTMENT OF HEALTH & SOCIAL SERVICES



#### PROPOSED CHANGES TO REGULATIONS

MEDICAID COVERAGE, BEHAVIORAL HEALTH SERVICES, REVISED REQUIREMENTS FOR BEHAVIORAL HEALTH PROVIDERS

- 7 AAC 70. BEHAVIORAL HEALTH SERVICES;
- 7 AAC 78. GRANT PROGRAMS;
- 7 AAC 105.MEDICAID PROVIDER & RECIPIENT PARTICIPATION;
- 7 AAC 110. MEDICAID COVERAGE; PROFESSIONAL SERVICES;
- 7 AAC 135. MEDICAID COVERAGE; BEHAVIORAL HEALTH SERVICES; &
- 7 AAC 160. MEDICAID PROGRAM; GENERAL PROVISIONS.



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**COMMENT PERIOD ENDS: July 29, 2019** 

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

#### Notes to reader:

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paragraph, or subparagraph is being added, or that an existing section, subsection, paragraph, or subparagraph is being repealed and readopted (replaced), the new or replaced text is not bolded or underlined.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

#### Title 7 Health and Social Services.

#### Chapter 70. Behavioral Health Services.

#### 7 AAC 70.010. Applicability

- 7 AAC 70.010(a)(1) is amended to read:
  - (a) This chapter applies to
    - (1) a community behavioral health services provider, including
- (A) a community mental health services provider receiving money from the department under AS 47.30.520 47.30.620; and
- (B) a substance use <u>disorder</u> treatment provider receiving money from the department under AS 47.30.475 or AS 47.37.045;

# (C) a health facility or other legal entity organized to provide behavioral health services under this chapter and 7 AAC105 – 160, and does not receive other money from the department;

# (D) a health facility or other legal entity organized to provide substance use disorder treatment services under AS 47.37, but does not receive money under AS 47.37.

7 AAC 70.010(a)(2) is repealed:				
	(2) repealed/	_/;		
(Eff. 10/1/20	11, Register 199; am 4/	/9/2017, Register 222;	am 7/1/2018, Register 226;	
am/	/, Register)			
Authority:	AS 47.05.010	AS 47.30.477	AS 47.30.570	
	AS 47.30.470	AS 47.30.530	AS 47.37.140	
	AS 47.30.475	AS 47.30.540		

7 AAC 70.010(a)(3) is amended to read:

(2) [(3)] a substance use treatment program operated for the Department of Corrections under AS 33.30.

7 AAC 70.010(a) is amended by adding a new sub-subsection to read:

- (3) In this section "health facility" includes any profit or not-for-profit business or corporation that is
- (A) organized solely for providing behavioral health clinic, rehabilitation, or substance use disorder treatment services;
- (B) organized in part as a subsidiary for providing behavioral health clinic, rehabilitation or substance use disorder treatment services; or,

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(C) operating a program	designed for providing behavioral health clinic
rehabilitation, or substance use disorder service	es;

(D) "health facility" does not include a business operated by a municipality, borough, or other government entity.

#### 7 AAC 70.010(b) is amended to read:

(b) This chapter does not apply to

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(4) a behavior analyst or assistant behavior analyst licensed under AS 08.15, or a behavior analyst group practice enrolled under 7 AAC 105.210; or

#### (5) a psychologist licensed under AS 08.86; or

#### (6) a social worker licensed under AS 08.95.

#### 7 AAC 70.010 is amended by adding a new subsection to read:

(d) A community behavioral health services provider listed in this section shall not represent itself as providing a behavioral health service described in this chapter without first obtaining a department approval under 7 AAC 70.030.

(Eff. 10/1/2011, Register 199; am \_\_\_\_/\_\_\_, Register \_\_\_\_) **Authority:** AS 47.05.010 AS 47.30.477 AS 47.30.570

AS 47.30.470 AS 47.30.530 AS 47.37.140

AS 47.30.475 AS 47.30.540

7 AAC 70.030(a) is repealed and readopted to read:

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#### 7 AAC 70.030. Department approval of a provider of behavioral health services

(a) The department will approve an organization to provide behavioral health services in this state only if that organization meets the requirements for a community behavioral health services provider under 7 AAC 70.100 or a community behavioral health services provider under 7 AAC 70.130 and that is providing one or more of the following:

- (1) behavioral health clinic services under 7 AAC 135.010(b);
- (2) behavioral health rehabilitation services under 7 AAC

135.010(c);

- (3) day treatment services for children under 7 AAC 135.250;
- (4) outpatient substance use disorder treatment services
- (5) one or more withdrawal management services under 7 AAC

70.110;

- (6) one or more residential substance use disorder treatment services under 7 AAC 70.120;
  - (7) opioid use disorder treatment services under 7 AAC 70.125;
- (8) behavioral health services to a recipient referred by the Alcohol Safety Action Program under 7 AAC 70.145; or
  - (9) autism services under 7 AAC 135.350.

7 AAC 70.030(b) is repealed and readopted to read:

- (b) In an approval issued under this section, the department will identify
- (1) one or more of the services identified in (a) of this section for which the provider is approved;

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- (2) the service area for which the provider is approved;
- (3) the physical locations approved by the department based upon the physical locations the provider has reported where any individual in the community can access behavioral health services;
- (4) the local school district that has a written agreement with a community behavioral health services provider for day treatment services, in accordance with 7 AAC 135.250(d); and
- (5) the total number of alcohol and other drug withdrawal management beds or the total number of residential substance use disorder treatment service beds without regard to funding source.

#### 7 AAC 70.030(c) is repealed and readopted to read:

(c) If a behavioral health services provider is accredited under 7 AAC 70.150, the department will issue a department approval for a fixed period of time not to exceed 180 days from the expiration date of the provider's certificate of accreditation, except as provided in (f) and (k) of this section. A provider must seek renewal of a department approval prior to the expiration date of a current department approval.

#### 7 AAC 70.030(d) is repealed and readopted to read:

(d) The department will issue a provisional department approval to a community behavioral health services provider who otherwise meets the requirements of this chapter to allow the provider sufficient time to obtain national accreditation in accordance with 7 AAC 70.150 if the provider is:

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- (1) a community behavioral health services provider seeking initial department approval which is in compliance with the interim standards outlined in 7AAC 70.200 and is working towards achieving national accreditation;
- (2) a community behavioral health services provider with a current department approval and is accredited, but is adding a location or service category; or
- (3) a community behavioral health services provider with a current department approval

and is accredited but the accreditation is not applicable to the services provided.

(Eff. 10/1/2011, Register 199; am \_\_\_\_/\_\_\_, Register \_\_\_\_) **Authority:** AS 47.05.010 AS 47.30.477 AS 47.30.570

AS 47.30.470 AS 47.30.530 AS 47.37.140

AS 47.30.475 AS 47.30.540

Chapter 70. Behavioral Health Services.
Sec 100. Qualifications of a community behavioral health services provider receiving money from the department.

7 AAC 70.100(a) is amended to read:

(a) To be approved by the department as a community behavioral health services provider listed in 7 AAC 70.010(a)(1)(A) and (B), a provider

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7 AAC 70.100(a)(11) is amended to read:

(11) if providing <u>withdrawal management</u> [DETOXIFICATION] services, must meet the additional requirements of 7 AAC 70.110; and

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7 AAC 70.100(a	a)(	12) is	amended	to	read:
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(12) if providing residential substance use <u>disorder</u> treatment services, must meet the additional requirements of 7 AAC 70.120; and

7 AAC 70.100(a) is amended by adding a new paragraph to read:

(13) if providing behavioral health services to a recipient referred by the Alcohol Safety Action Program, must meet the additional requirements of 7 AAC 70.145;

7 AAC 70.100(a) is amended by adding a new paragraph to read:

(14) use an informed consent process with all recipients;

7 AAC 70.100(a) is amended by adding a new paragraph to read:

(15) report to the department any recipient who is missing or deceased;

7 AAC 70.100(a) is amended by adding a new paragraph to read:

(16) comply with the requirements of AS 47.05.300 - 47.05.390 and 7 AAC 10.900 - 7 AAC 10.990 (barrier crimes, criminal history checks, and centralized registry) as applicable for each individual described in 7 AAC 10.900(b) associated with the provider;

7 AAC 70.100(a) is amended by adding a new paragraph to read:

(17) submit to the department a record of a criminal history check for each member of the provider's staff upon request;

(Eff. 10/1/2011, Register 199; am \_\_\_/\_\_/2016, Register \_\_\_\_)

Register	, 2019	HEALTH AND S	OCIAL SERVICES
Authority:	AS 47.05.010	AS 47.30.477	AS 47.30.570
	AS 47.30.470	AS 47.30.530	AS 47.37.140
	AS 47.30.475	AS 47.30.540	

7 AAC 70.110 is repealed and readopted to read:

## 7 AAC 70.110 Additional requirements for providing alcohol and drug withdrawal management services.

- (a) The department will approve a community behavioral health services provider under 7 AAC 70.010(a)(1) or a substance use treatment provider not receiving money from the department under 7 AAC 70.010(a)(2) that meets the requirements of this section to provide one or more of the withdrawal management services listed below only if the provider adheres to all the criteria for each specific service as described in the ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions adopted by reference in 7 AAC 70.910:
- (1) level 1 withdrawal management: ambulatory withdrawal management services without extended on-site monitoring;
- (2) level 2 withdrawal management: ambulatory withdrawal management services with extended on-site monitoring;
- (3) level 3.2 withdrawal management: clinically managed residential withdrawal management;
- (4) level 3.7 withdrawal management: medically monitored inpatient withdrawal management.
  - (b) All withdrawal management services must be medically necessary, clinically

appropriate, and comply with one or more of the following:

- (1) the *Diagnostic and Statistical Manual of Mental Disorders*, adopted by reference in 7 AAC 70.910;
- (2) the *International Classification of Diseases*, adopted by reference in 7 AAC70.910;
- (3) the Revised Clinical Institute Withdrawal Assessment for Alcohol Scale (CIWA-Ar), adopted by reference in 7 AAC 70.910; and
- (4) the *Clinical Opiate Withdrawal Scale (COWS)*, adopted by reference in 7 AAC 70.910.

(Eff. 10/1/2011, Register 199; am 6/16/2016, Register 218; am \_\_\_/\_\_\_, Register \_\_\_\_)

**Authority:** AS 47.05.010 AS 47.30.477 AS 47.30.570

AS 47.30.470 AS 47.30.530 AS 47.37.130

AS 47.30.475 AS 47.30.540 AS 47.37.140

7 AAC 70.120 is repealed and readopted to read:

## 7 AAC 70.120. Additional requirements for providing residential substance use disorder treatment services.

- (a) The department will approve a Community behavioral health services provider that meets the requirements of this section to provide one or more of the residential substance use disorder services listed below only if the provider adheres to all the criteria for each specific service as described in the ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions adopted by reference in 7 AAC 70.910:
  - (1) Level 3.1: Clinically managed low-intensity residential services for adults;

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- (2) Level 3.1: Clinically managed low-intensity residential services for adolescents;
- (3) Level 3.3: Clinically managed population-specific, high-intensity residential services for adults;
- (4) Level 3.5: Clinically managed medium-intensity residential services for adolescents;
  - (5) Level 3.5: Clinically managed high-intensity residential services for adults;
  - (6) Level 3.7: Medically monitored intensive inpatient services for adults;
- (7) Level 3.7: Medically monitored high-intensity inpatient services for adolescents;
  - (8) Level 4.0: Medically managed intensive inpatient services.
- (b) All residential substance use disorder treatment services must also be medically necessary, clinically appropriate, and provided in accordance with one or more of the following:
- (1) the Diagnostic and Statistical Manual of Mental Disorders, adopted by reference in 7 AAC 70.910;
- (2) the International Classification of Diseases, adopted by reference in 7 AAC
- (c) In addition to being delivered during regular business hours, all residential substance use disorder treatment services must be delivered according to the requirements of (a) and (b) of this section during evening hours and on weekends.

(Eff. 10/1/20	11, Register 199; a	am 6/16/2016, Register 21	18; am//	_, Register)
Authority:	AS 47.05.010	AS 47.30.477	AS 47.30.570	

AS 47.30.470 AS 47.30.530 AS 47.37.130

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AS 47.30.475 AS 47.30.540 AS 47.37.140

7 AAC 70.130 is repealed and readopted to read:

## 7 AAC 70.130. Qualifications of a community behavioral health services provider not receiving money from the department.

- (a) To be approved by the department, a community behavioral health services provider described in 7 AAC 70.010(a)(1) that does not receive money from the department must
  - (1) meet the requirements of
- (A) 7 AAC 70.030 and this section if providing behavioral health clinic or rehabilitation services listed in 7 AAC 135.010(b) (c);
- (B) 7 AAC 70.110, if also providing alcohol and drug withdrawal management services;
- (C) 7 AAC 70.120 if also providing residential substance use treatment; and
- (D) 7 AAC 70.125 if also providing opioid use disorder treatment services; and
- (E) 7 AAC 70.145 if also providing behavioral health services to a recipient referred by the Alcohol Safety Action Program;
- (2) collect and report the statistical and service data requested by the department under AS 47.37.140, if providing any substance use disorder treatment service listed in 7 AAC 70.030(a)(1)(B);
- (3) have a documented formal agreement with a physician for the purpose of providing general direction and direct clinical services if providing behavioral health clinic DHSS Proposed Changes to Regulations. Medicaid Revised Requirements for Behavioral Health Provider PUBLIC REVIEW DRAFT.04/30/2019.

services;

- (4) maintain a clinical record for each recipient in accordance 7 AAC 135.130;
- (5) utilize an informed consent process with all recipients;
- (6) report to the department any recipient who is missing or deceased
- (7) comply with the requirements of AS 47.05.300 47.05.390 and 7 AAC 10.900
   7 AAC 10.990 (barrier crimes, criminal history checks, and centralized registry) as applicable
   for each individual described in 7 AAC 10.900(b) and associated with a provider;
- (8) submit to the department a record of a criminal history check for each member of the provider's staff upon request;
- (9) maintain liability and malpractice insurance in accordance with professional and industry standards;
- (10) comply with the requirements of this section regarding provider records, including recipient clinical records in the event of closure or if the provider ceases to exist, which shall require all the following:
- (A) the provisions of this section apply to the records of the provider or a subcontractor, including the records of each recipient of service, if the provider closes or ceases to exist as a service provider, or if the records must be transferred for any other reason.
- (B) the provider must maintain a formal plan for the transfer of records that insures access to records and continuity of treatment when the provider closes or ceases to exist. The plan must include a description of how and when the provider will notify each recipient of service regarding where the files will be transferred, and how the recipient can continue to receive services and obtain a copy of that recipient's records; the plan for notice under this subparagraph must include those recipients for whom the provider has on file a signed

release allowing the recipient's files to be transferred, and those for whom a signed release has not been obtained;

(C) Before transfer, the provider must ensure that records of minors are separated from records of adults.

(Eff. 10/1/2011, Register 199; am 4/9/2017, Register 222; am \_\_\_/\_\_\_, Register \_\_\_\_)

**Authority:** AS 47.05.010 AS 47.30.530 47.37.140

7 AAC 70 is amended by adding a new section to read:

7 AAC 70.145. Additional requirements to accept referrals from the Alcohol Safety Action Program or other court-ordered treatment referrals.

- (a) a provider that renders behavioral health services to a recipient referred by the Alcohol Safety Action Program under the meaning given in AS 28.35.039 or to accept other court-ordered treatment referrals; the provider must:
- (1) agree to receive paperwork or referral authorization prior to screening, assessing or rendering behavioral health services for the purpose of satisfying court-ordered treatment;
- (2) immediately notify in writing the referring entity if a recipient has been discharged for noncompliance;
- (3) seek approval from the referring entity before a recipient can be readmitted to services for the purpose of satisfying the recipients court-ordered treatment if that recipient has been discharged for noncompliance;
- (4) agree to admit recipients to receive behavioral health services within 30 calendar days of receiving the referral unless the provider contacts the referring entity to make DHSS Proposed Changes to Regulations. Medicaid Revised Requirements for Behavioral Health Provider PUBLIC REVIEW DRAFT.04/30/2019.

other arrangements for the recipient's care; and

(5) report to the department, or referring entity any information related to the recipient's care as requested.

(Eff. 10/1/2011, Register 199; am 6/16/2016, Register 218; am \_\_\_/\_\_\_, Register \_\_\_\_)

**Authority:** AS 47.05.010 AS 47.30.477 AS 47.30.570

AS 47.30.470 AS 47.30.530 AS 47.37.130

AS 47.30.475 AS 47.30.540 AS 47.37.140

7 AAC 70. 150(c) is amended to read:

(c) A <u>community</u> behavioral health services provider must obtain accreditation <u>for each</u>

<u>location reported to the department under 7 AAC 70.030(b)(3)</u> that is <u>applicable</u>

[RELEVANT] to the services for which the provider is seeking department approval.

(Eff. 10/1/2011, Register 199; am \_\_\_/\_\_\_, Register \_\_\_\_)

**Authority:** AS 47.05.010 AS 47.30.477 AS 47.30.570

AS 47.30.470 AS 47.30.530 AS 47.37.140

AS 47.30.475 AS 47.30.540

### Chapter 70. Behavioral Health Services. Sec 990. Definitions.

7 AAC 70.990(11) is repealed and readopted to read:

(11) "community behavioral health services provider" means a provider listed in 7 AAC 70.010(a)(1) that has obtained a department approval under 7 AAC 70.030 to provide identified behavioral health services and meets the requirements found in 7 AAC 70.100 or 7 AAC 70.130

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7 AAC 70.990(17) is amended to read:

(17) <u>'withdrawal management"</u> ["DETOXIFICATION"] means the <u>process to safely and effectively provide</u> immediate physiological stabilization, [DIAGNOSIS,] and treatment of a recipient who is intoxicated, incapacitated, or experiencing withdrawal from <u>a specific psychoactive substance</u> [USING ALCOHOL OR DRUGS];

7 AAC 70.990(18) is repealed and readopted to read:

- (18) "withdrawal management services" means the provision of treatment in accordance with the ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, adopted by reference in 7 AAC 70.910, for the following levels of care:
  - (A) level 1 withdrawal management: without extended on-site monitoring;
- (B) level 2 withdrawal management: ambulatory withdrawal management with extended on-site monitoring provided under 7 AAC 70.110;
- (B) level 3.2 withdrawal management: clinically managed residential withdrawal management provided under 7 AAC 70.110;
- (C) level 3.7 withdrawal management: medically monitored inpatient withdrawal management provided under 7 AAC 70.110;

7 AAC 70.990(32) is repealed and readopted to read:

- (32) "substance use disorder counselor" means an individual who:
- (A) may have a college degree in psychology, social work, counseling, or a related field;

(B) has completed a course of study, training, or education, or who has documented evidence of experience, which has resulted in demonstrated competency to assist with or to independently conduct screening, assessment, treatment planning, case management, and provision of rehabilitative services for the treatment of substance use disorders;

- (C) works within the scope of the individual's education, training and experience;
  - (D) adheres to a code of professional ethics; and,
- (E) participates in continuing education to enhance relevant knowledge, skills, abilities, and professional characteristics; or,
- (F) has a current valid certificate from the National Association for Alcoholism and Drug Abuse Counselors, the International Certification and Reciprocity Consortium, the Alaska Commission for Behavioral Health Certification, or the Alaska Native Tribal Health Consortium Behavioral Health Aide Program;

7 AAC 70.990(33) is amended to read:

(33) "substance use <u>disorder</u> treatment provider" means a <u>provider that is</u>

<u>subject to the requirements of AS 47.30.475, 47.30.520 – 47.30.620, or AS 47.37 that</u>

<u>operates an opioid treatment program, alcohol and drug withdrawal management services,</u>

residential treatment facility or [AN] outpatient <u>substance use</u> treatment <u>services,</u> [PROVIDER

THAT OPERATES UNDER AS 47.37] for the primary purpose of providing treatment to recipients with substance use disorders;

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7 AAC 70.990 is amended by adding a new definition to read:

(XX) "informed consent process" means collaboration between a provider and a recipient that is continuous throughout the episode of treatment that

(A) actively involves the recipient in treatment planning and service provision; and

(B) requires the signature of the recipient or, if the recipient is under 18 years of age, the signature of the recipient's legal guardian, on an informed consent form which testifies to the recipient's knowledgeable and voluntary participation in this process.

7 AAC 70.990 is amended by adding a new definition to read:

(XX) "missing" means a child with an unapproved absence for more than 10 hours from a residential child care facility or when an adult recipient who is actively receiving services from a behavioral health services provider is absent without approval more than 72 hours from a residential treatment facility, from a housing facility owned or operated by the provider, or from an assisted living home where services are delivered to the recipient by the provider, or when the provider receives a missing person's report from either a member of law enforcement or a family member.

(Eff. 10/1/2011, Register 199; am 6/16/2016, Register 218; am \_\_\_/\_\_/2016, Register \_\_\_\_)

**Authority:** AS 47.05.010 AS 47.30.540 AS 47.37.140

AS 47.30.477 AS 47.30.570

AS 47.30.530 AS 47.37.130

#### Chapter 78. Grant Programs.

#### Sec 950. Definitions.

7 AAC 78.950(17) is repealed and readopted to read:

(17) "grant income" means income earned during the grant period as a result of the grant funded project;

(Eff. 7/21/2002, Register 163; am 6/24/2004, Register 170; am 10/16/2012, Register 204; am

\_\_\_/\_\_/2016, Register \_\_\_\_)

Authority:	AS 18.05.040	AS 44.29.020	AS 47.30.530
	AS 18.08.010	AS 47.05.010	AS 47.37.030
	AS 18.08.080	AS 47.20.075	AS 47.37.045
	AS 18.25.100	AS 47.20.110	AS 47.40.041
	AS 18.28.010	AS 47.27.005	AS 47.40.120
	AS 18.28.050	AS 47.27.050	AS 47.80.130
	AS 29.60.600	AS 47.30.477	

### Chapter 105.Medicaid Provider & Recipient Participation. Sec 200. Eligible Medicaid providers.

7 AAC 105.200. Eligible Medicaid providers

7 AAC 105.200(a)(1) is amended to read:

- (a) Subject to all other requirements of 7 AAC 105 7 AAC 160, the following types of providers are eligible to enroll with the department and bill directly for services rendered:
- (1) a person with an active license under AS 08, or under the laws of the jurisdiction in which the person provides services, to practice as

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#### (R) a clinical social worker;

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ÆSS 0/1/2016	) B 102	0/1/2011 P : 1 100	5/1/2016 D 210
(Eff. 2/1/2010	), Register 193; am 10	∥1/2011, Register 199;	am 5/1/2016, Register 218; am
6/16/2016, Re	egister 218; am/_	/2016, Register)	
<b>Authority:</b>	AS 47.05.010	AS 47.07.030	AS 47.07.040
	Chapter 110. M	ledicaid Coverage; Pro	ofessional Services.
	Sec 445. M	ental health services b	y a physician.
7 AAC 110.4	45(e) is amended to re	ead:	
(e) M	ental health services r	endered by someone ot	her than a physician, an advanced
nurse practitio	oner, a rural health cli	nic, or a federally quali	fied health center must be provided in
accordance w	ith 7 AAC 110.550, <u>7</u>	AAC 110.555, 7 AAC	110.XXX, or must be provided by a
tribal health p	orogram.		
(Eff. 2/1/2010	), Register 193; am 10	)/1/2011, Register 199;	am/, Register)
<b>Authority:</b>	AS 47.05.010	AS 47.07.030	AS 47.07.040
		). Medicaid Coverage; c 550. Psychologist ser	Professional Services.
The title of 7	AAC 110.550 is amer	nded to read:	
7 AAC 110.5	50. Psychologist <u>testi</u>	ing services.	
7 AAC 110.5	50(a) is amended to re	ead:	
(a) To	be eligible for payme	ent under 7 AAC 105 - 7	7 AAC 160 for providing psychologist
<u>testing</u> servic	es, a provider must be	e an independently prac	ticing psychologist who
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7 AAC 110.550(b) is amended to read:

(b) Covered psychologist <u>testing</u> services are limited to medically necessary psychological testing to determine the status of the patient's mental, intellectual, and emotional functioning. Testing services must include administration of psycho\_diagnostic tests, the interpretation of the results of the tests, and a written report. Testing services must be provided directly by the psychologist.

. . .

7 AAC 110.550(c) is amended to read:

(c) Psychologist <u>testing</u> services may be provided to a recipient who has received a referral from the recipient's treating physician, a physician assistant, an advanced nurse practitioner, a community mental health clinic, a tribal health program, or an appropriate school official, if the referral documents the purpose for the testing, including the need to determine acuity of need, severity of symptoms, or level of impairment.

7 AAC 110.550(d) is amended to read:

(d) Psychologist <u>testing</u> services may be provided in the psychologist's office, an outpatient clinic, an outpatient hospital, a general acute care hospital, a tribal health program, an inpatient psychiatric hospital, a residential psychiatric treatment center, or other setting appropriate for patient care.

(Eff. 2/1/2010, Register 193; am \_\_\_/\_\_\_, Register \_\_\_\_)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 110 is amended by adding a new section to read:

#### 7 AAC 110.555. Psychologist Behavioral health services.

(a) Psychologist behavioral health services must be provided by an individual who meets all the requirements in 7 AAC 110.550(a).

(b) Psychologist behavioral health services include all the following services:

- (1) a mental health intake assessment;
- (2) an integrated mental health and substance use intake assessment;
- (3) individual psychotherapy;
- (4) group psychotherapy;
- (5) family psychotherapy;
- (6) multi-family group psychotherapy; and
- (7) screening and brief intervention services described in 7 AAC 135.240.
- (c) Records for psychologist behavioral health services must be maintained in accordance with 7 AAC 105.230.
- (d) If a psychologist covered under this section provides behavioral health services in or for another enrolled provider the psychologist may only request payment for those services by submitting a claim for payment either:
- (1) using the enrolled provider's identification number; payment for services under this paragraph is subject to the same requirement and restrictions placed on the enrolled provider in regulation; or
- (2) using the psychologist's provider identification number; payment for services under this paragraph must be medically necessary and clinically appropriate and must be directly rendered by the psychologist.

(Eff. 2/1/2010, Register 193; am \_\_\_/\_\_\_, Register \_\_\_\_)

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**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 110 is amended by adding a new section read:

#### 7 AAC 110.XXX. Clinical social worker services.

- (a) To be eligible for payment under 7 AAC 105 7 AAC 160 for providing clinical social worker services, a provider must:
  - (1) be enrolled as a clinical social worker in accordance with 7 AAC 105.210;
- (2) have an active license to practice as a clinical social worker issued by the jurisdiction in which the clinical social worker provides services; if services are provided in this state, the clinical social worker must hold an active license under AS 08.95.110 or AS 08.95.120
- (b) covered clinical social worker services are limited to the following behavioral health clinic services:
  - (1) a mental health intake assessment;
  - (2) an integrated mental health and substance use intake assessment;
  - (3) individual psychotherapy;
  - (4) group psychotherapy;
  - (5) family psychotherapy;
  - (6) multi-family group psychotherapy; and
  - (7) screening and brief intervention services under 7 AAC 135.240.
- (c) Records for clinical social worker services must be maintained in accordance with 7 AAC 105.230.
- (d) If a clinical social worker covered under this section provides behavioral health services in or for another enrolled provider, the clinical social worker may only request payment DHSS Proposed Changes to Regulations. Medicaid Revised Requirements for Behavioral Health Provider PUBLIC REVIEW DRAFT.04/30/2019.

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for those services by submitting a claim for payment either:

- (1) using the enrolled provider's identification number; payment for services under this paragraph is subject to the same requirement and restrictions placed on the enrolled provider in regulation; or
- (2) using the clinical social worker's provider identification number; payment for services under this paragraph must be medically necessary and clinically appropriate and must be directly rendered by the clinical social worker.

(Eff. 2/1/2010, Register 193; am 10/1/2011, Register 199; am \_\_\_/\_\_\_, Register \_\_\_\_)

**Authority:** AS 47.05.010 AS 47.07.030 AS47.07.040

Chapter 135. Medicaid Coverage; Behavioral Health Services. Sec 10. Scope of Medicaid behavioral health services.

7 AAC 135.010. Scope of Medicaid behavioral health services.

7 AAC 135.010(b)(1) is amended to read:

- (b) <u>A provider shall not bill the</u> [THE] department [WILL PAY] for the following behavioral health clinic services <u>unless the service is</u> provided in accordance with this chapter by
- (1) a mental health professional clinician, a physician licensed as required under 7 AAC 110.400, a physician assistant licensed as required under 7 AAC 110.455, or an advanced nurse practitioner licensed and certified as required under 7 AAC 110.100, a psychologist licensed as required under 7 AAC 110.550, or a clinical social worker licensed as required under 7 AAC 110.XXX, if the provider is working within the scope of the provider's education, training, and experience:

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(A) the following professional behavioral health assessments conducted in accordance with 7 AAC 135.110:

- (i) a mental health intake assessment;
- (ii) an integrated mental health and substance use intake

assessment;

- (iii) psychological testing and evaluation;
- (B) psychotherapy conducted in accordance with 7 AAC 135.150;
- (C) short-term crisis intervention services conducted in accordance with 7

AAC 135.160;

(D) screening and brief intervention services in accordance with 7

#### **AAC 135.240**;

7 AAC 135.010(c) is amended to read:

(c) <u>A provider shall not bill the</u> [THE] department [WILL PAY] for the following behavioral health rehabilitation services [IN ACCORDANCE WIH THIS CHAPTER IF] <u>unless</u> the service is provided <u>in accordance with this chapter</u> by a member of the provider's staff who is <u>qualified to perform</u> [PERFORMING] that service as a regular duty within the scope of that staff member's knowledge, experience, and education:

...

7 AAC 135.010(c)(4) is amended to read:

(4) <u>withdrawal management</u> [DETOXIFICATION] services under 7 AAC 135.190;

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7 AAC 135.010(c)(8) is amended to read:
(8) medication administration services under 7 AAC 135.260 provided by an
individual listed in 7 AAC 70.990(26);
7 AAC 135.010(c)(9) is repealed:
(9) Repealed;
(Eff. 10/1/2011, Register 199; am 4/9/2017, Register 222; am 7/1/2018, Register 226; am
/, Register)
<b>Authority:</b> AS 47.05.010 AS 47.07.030
7 AAC 135.010(c)(10) is amended to read:
(9) [(10)] medical evaluation <b>provided by a physician, physician assistant, or</b>
advanced nurse practitioner;
7 AAC 135.010(c)(11) is amended to read:
(10) [(11)] methadone, buprenorphine, buprenorphine-naloxone combination

(10) [(11)] methadone, buprenorphine, buprenorphine-naloxone combination, or naltrexone [OR ANTABUSE] administration provided by an individual listed in 7 AAC 70.990(26);

7 AAC 135.010(c)(12) is amended to read:

(11) [(12)] behavioral health treatment plan review for a recipient in an opioid use disorder treatment program;

7 AAC 135.010(c)(18) is amended to read:

(17) [(18)] autism services under 7 AAC 135.350.

(Eff. 10/1/2011, Register 199; am \_\_\_/\_\_\_, Register \_\_\_\_)

**Authority:** AS 47.05.010 AS 47.07.030

#### 7 AAC 135.030. Provider enrollment and organization

7 AAC 135.030(a) is amended to read:

(a) to be eligible for payment under 7 AAC 135.010 – 7 AAC 135.350 for providing Medicaid behavioral health services, a provider must be enrolled in Medicaid under 7 AAC 105.210 and must be either

• • •

- (5) a licensed behavior analyst group practice that
  - (A) meets the requirements of 7 AAC 135.300; and
  - (B) provides autism services under 7 AAC 135.350;

#### (6) a licensed mental health professional who meets the requirements of 7

#### AAC 135.910

(Eff. 10/1/2011, Register 199; am \_\_\_/\_\_\_, Register \_\_\_\_)

**Authority:** AS 47.05.010 AS 47.07.030

7 AAC 135.040(c) is amended to read:

- (c) A community behavioral health services provider may provide the following behavioral health rehabilitation services without prior [SPECIFIC] authorization by the department:
- (1) case management, not to exceed 180 hours per recipient per state fiscal year; no more than one hour per week per recipient may be used in monitoring by the directing clinician of the provision of services;

. . .

(11) <u>withdrawal management</u> [DETOXIFICATION] services, with no limit; DHSS Proposed Changes to Regulations. Medicaid Revised Requirements for Behavioral Health Provider PUBLIC REVIEW DRAFT.04/30/2019.

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(Eff 10/1/201	11 Pagistar 100: am	/, Register)
Authority:	AS 47.05.010	AS 47.07.030
7 AAC 135.1	00 is repealed:	
7 AA	C <b>135.100. Behavior</b> a	al health screening; client status review. Repealed. (Eff.
10/1/2011, Re	egister 199; am/_	/, Register)
7 AAC 135.1	10(a)is amended to re	ad:
7 AAC 135.1	110. Professional beh	avioral health assessments.
(a) If	an individual reques	sts treatment [A BEHAVIORAL HEALTH SCREENING
CONDUCTE	D UNDER 7 AAC 13	35.100], or <b>is referred</b> [A REFERRAL] by a court or other
agency, as [H	AS IDENTIFIED] an	individual who is suspected of having a behavioral health
disorder that of	could require behavior	ral health services, the department will pay
•••		
7 AAC 135.1	10(c)(2) is amended to	o read:
(c) To qualify	y for payment, a subst	tance use intake assessment must be
•••		
	(2) conducted at a n	ninimum by a substance use disorder counselor, behavioral
health clinica	al associate [SOCIAL	WORKER], or other qualified program staff member
performing du	uties regularly within	the scope of the individual's [AUTHORITY,] training,
experience, a	and education [AND	JOB DESCRIPTION]; however, if the substance use intake
assessment is	conducted as part of	withdrawal management [DETOXIFICATION] services
subject to 7 A	AC 70.110 and 7 AA	C 135.190, the assessment must be conducted by an

treatment plan that meets the requirements of this section and 7 AAC 135.130;

(2) the plan is based on a professional behavioral health assessment under 7 AAC 135.110;

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- (3) the plan is signed and monitored by the directing clinician;
- (4) if the recipient is 18 years of age or younger, the plan is developed with the recipient or the recipient's representative and is based upon the input of a treatment team that meets the requirements of (c) of this section;

7 AAC 135.120 is amended by adding a new sub-section to read:

(f) The directing clinician must review a recipient's plan of treatment at least every 90 days to confirm that the identified problems and treatment services are current and relevant, and to identify any need for continuing assessment or treatment services to address new problems identified by the provider or the recipient. The directing clinician shall include a note in the recipient's treatment plan that the review was conducted and sign and date the treatment plan. (Eff. 10/1/2011, Register 199; am \_\_\_/\_\_\_\_, Register \_\_\_\_\_)

**Authority:** AS 47.05.010 AS 47.07.030

#### Chapter 135. Medicaid Coverage; Behavioral Health Services.

#### Sec 130. Clinical record.

7 AAC 135.130(a) is repealed and readopted to read:

#### 7 AAC 135.130. Clinical record.

- (a) To be eligible for payment under this chapter, a community behavioral health services provider or a mental health physician clinic must maintain, for each recipient served, a clinical record according to 7 AAC 105.230 and which must also include:
- (1) a written report that documents the results of a professional behavioral health assessment conducted according to 7 AAC 135.110 which identifies:

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(A) the recipient's presenting problems, diagnosed conditions and
functional deficits that require treatment; and,
(B) the treatment recommendations for each of the recipient's presenting
problems, diagnosed conditions and functional impairments;
(2) a behavioral health treatment plan that meets the requirements of 7 AAC
135.120 and includes
(A) the recipient's identifying information;
(B) the date implementation of the behavioral health treatment plan will
begin;
(C) treatment goals for each of the presenting problems, assessed
conditions and functional deficits that are the current focus of treatment;
(D) the services that will be employed to address the written goals;
(d) The clinical record must reflect all changes made to a recipient's behavioral health
treatment plan and updates to the professional behavioral health assessment.
(Eff. 10/1/2011, Register 199; am 6/16/2016, Register 218; am/, Register)
<b>Authority:</b> AS 47.05.010 AS 47.07.030
The title of 7 AAC 135.190 is amended to read:
7 AAC 135.190. Withdrawal management [DETOXIFICATION] services.
7 AAC 135.190(a) is repealed and readopted to read:

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- (a) A community behavioral health services provider must bill the department for the following alcohol and drug withdrawal management services delivered face-to-face to the recipient only if the services are provided in accordance with this section:
- (1) Level 1 withdrawal management ambulatory withdrawal management without extended on-site monitoring, provided in accordance with 7 AAC 70.110;
- (2) Level 2 withdrawal management ambulatory withdrawal management with extended on-site monitoring provided in accordance with 7 AAC 70.110;
- (3) Level 3.2 withdrawal management clinically managed residential withdrawal management provided in accordance with 7 AAC 70.110;
- (4) Level 3.7 withdrawal management medically monitored inpatient withdrawal management provided in accordance with 7 AAC 70.110.

The introductory language of 7 AAC 135.190(b) is amended to read:

(b) The only behavioral health services that the department will pay for when provided on the same day as <a href="withdrawal management">withdrawal management</a> [ALCOHOL AND DRUG DETOXIFICATION] services are

. . .

(Eff. 10/1/2011, Register 199; am \_\_\_/\_\_\_, Register \_\_\_\_)

Authority: AS 47.05.010 AS 47.07.030

#### 7 AAC 135.200. Comprehensive community support services for adults

7 AAC 135.200(b) is amended to read:

(b) Comprehensive community support services may be provided

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(1) on the premises of the community behavioral health services provider, the
recipient's residence, the recipient's workplace, or any other appropriate community setting;
(2) to an individual [OR A ]group, or family.
(Eff. 10/1/2011, Register 199; am/, Register)
<b>Authority:</b> AS 47.05.010 AS 47.07.030
7 AAC 135.210. Peer support services.
7 AAC 135.210(a)(1)(A) is amended to read:
(a) The department will pay a community behavioral health services provider for peer
support services only if those services
(1) include
(A) one-on-one, [OR] family, or group activities designed to facilitate a
smooth transition from an institutional setting to the community;
7 AAC 135.210(a)(3) is amended to read:
(3) are included [COORDINATED] in the recipient's behavioral health treatment
plan; and,
7 AAC 135.210(a)(4) is amended to read:

(4) are focused on the current presenting problems, diagnosed conditions, and functional impairments included in the recipient's treatment plans. [SPECIFIC GOALS AND OBJECTIVES INCLUDING IDENTIFIED BENCHMARKS OR OTHER MEASURABLE OUTCOMES].

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7 AAC 135.210(b)(1) is amended to read:

- (b) Peer support services must be provided by a behavioral health clinical associate who
- (1) maintains frequent in-person or telephonic contact with the recipient in order to achieve all the objectives listed in (a) of this section [SUPPORT THE RECIPIENT AND PARTICIPATE IN GROUP ACTIVITIES];

7 AAC 135.210(b)(3) is amended to read:

(3) is supervised by a mental health professional clinician <u>or substance</u> <u>use disorder counselor</u> who the a community behavioral health services provider has determined is competent to supervise peer support services by a behavioral health clinical associate.

7 AAC 135.210(c)(3) is amended to read:

(3) individual, **family or group** comprehensive community support services under 7 AAC 135.200.

(Eff. 10/1/2011, Register 199; am \_\_\_/\_\_\_, Register \_\_\_\_)

**Authority:** AS 47.05.010 AS 47.07.030

7 AAC 135.240. Screening and brief intervention services.

7 AAC 135.240(a) is amended to read:

(a) A [THE DEPARTMENT WILL PAY] community behavioral health services provider, a mental health physician clinic, or an individual identified in 7 AAC 135.910 shall bill the department for screening and brief intervention services only if that provider conducts

the screening component and, if needed, the brief intervention component in accordance with this section.

7 AAC 135.240(d) is amended to read:

(d) A <u>provider listed in (a) of this section</u> [COMMUNITY BEHAVIORAL HEALTH SERVICES PROVIDER] shall document screening and brief intervention services in a progress note in accordance with 7 AAC 135.130(a)(8).

(Eff. 10/1/2011, Register 199; am \_\_\_/\_\_\_, Register \_\_\_\_)

**Authority:** AS 47.05.010 AS 47.07.030

7 AAC 135.290 is repealed:

**7 AAC 135.290. Facilitation of a telemedicine session.** Repealed. (Eff. 10/1/2011, Register 199; am \_\_/\_\_\_\_, Register \_\_\_\_\_)

7 AAC 135 is amended by adding a new section to read:

#### 7 AAC 135.910. Licensed mental health professionals providing behavioral health services.

- (a) a mental health professional enrolled under 7 AAC 105.210 and licensed as required in AS 08 who provides behavioral health services under this chapter may only request payment for those services by submitting a claim for payment:
- (1) using the behavioral health services organization's provider identification number; payment for services under this paragraph is subject to the same requirement and restrictions placed on a behavioral health services organization under 7 AAC 135;
- (2) using the mental health physician clinic provider identification number;

  payment for services under this paragraph is subject to the same requirement and restrictions

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placed on a mental health physician clinic under 7 AAC 135; or

- (3) using the licensed mental health professional's identification number; payment for services under this paragraph must be medically necessary and clinically appropriate and must be directly rendered by the licensed mental health professional and must meet the service criteria listed in 7 AAC 135.
- (b) If, during an assessment, evaluation, or treatment of a child under the age of 21, the provider determines that the recipient may meet the criteria in 7 AAC 135.065 for a child experiencing a severe emotional disturbance, the provider shall refer the recipient to a community behavioral health services organization that provides behavioral health rehabilitation services in the community;
- (c) If, during an assessment, evaluation, or treatment of an adult 21 years of age or older, the provider determines that the recipient may meet the criteria in 7 AAC 135.055 for an adult experiencing a serious mental illness, the provider shall refer the recipient to a community behavioral health services provider that provides behavioral health rehabilitation services in the community.
- (d) If, during an assessment, evaluation, or treatment of an individual the provider discovers that the individual meets the criteria in 7 AAC 135.020(b)(1) for an individual experiencing a substance use disorder, the provider shall refer the recipient to a community behavioral health services provider that provides substance use disorder treatment services in the community.
- (e) If a provider covered under this section refers an individual to a community behavioral health services provider for rehabilitation services according to (b) (d) of this section, the provider may still continue to provide other services the provider is eligible to DHSS Proposed Changes to Regulations. Medicaid Revised Requirements for Behavioral Health Provider PUBLIC REVIEW

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provide under	7 AAC 110.				
(Eff. 10/1/201	11, Register 199; am	5/16/2016, Register 218; am//2016, Register)			
Authority:	AS 47.05.010	AS 47.07.030			
Chapter 135. Medicaid Coverage; Behavioral Health Services.					
		Sec 990. Definitions.			
7 AAC 135.9	90(12) is amended to	read:			
(12) <u>"withdra</u>	awal management so	ervices" ["DETOXIFICATION SERVICES"] means those			
services unde	r 7 AAC 135.190 pro	vided by a community behavioral health services provider;			
7 AAC 135.9	7 AAC 135.990(22) is repealed and readopted to read:				
	(22) "substance use	disorder counselor" means an individual who:			
	(A) may hav	re a college degree in psychology, social work, counseling, or			
a related field	•				
	(B) has com	pleted a course of study, training, or education, or who has			
documented e	evidence of experienc	e, which has resulted in demonstrated competency to assist			
with or to independently conduct screening, assessment, treatment planning, plan of care					
management,	and provision of reha	abilitative services for the treatment of substance use			
disorders;					
	(C) works w	ithin the scope of the individual's education, training and			
experience;					
	(D) adheres	to a code of professional ethics; and			

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- (E) participates in continuing education to enhance relevant knowledge, skills, abilities, and professional characteristics; or
- (F) holds a current certificate from the National Association for Alcoholism and Drug Abuse Counselors, the International Certification and Reciprocity Consortium, the Alaska Commission for Behavioral Health Certification, or the Alaska Native Tribal Health Consortium Behavioral Health Aide Program;

7 AAC 135.990 is amended by adding a new paragraph to read:

(XX) "licensed mental health professional" has the meaning given in AS 47.30.915(11).

(Eff. 10/1/2011, Register 199; am 6/16/2016, Register 218; am \_\_\_/\_\_\_, Register \_\_\_\_)

**Authority:** AS 47.05.010 AS 47.07.030

Chapter 160. Medicaid Program; General Provisions.

Sec 990. Definitions.

7AAC 160.990(91) is amended to read:

AS 47.05.010

**Authority:** 

(91) "withdrawal management" [DETOXIFICATION"] means the immediate physiological stabilization, [DIAGNOSIS,] and treatment of a recipient who is intoxicated, incapacitated, or experiencing withdrawal from a specific psychoactive substance [USING ALCOHOL OR DRUGS];

(Eff. 2/1/2010, Register 193; am 7/7/2010, Register 195; am 1/1/2011, Register 196; am 10/1/2011, Register 199; am 4/1/2012, Register 201; am 7/1/2013, Register 206; am 5/18/2014, Register 210; am 6/16/2016, Register 218; am \_\_\_/\_\_\_, Register \_\_\_\_) AS 47.07.040 AS 47.07.055

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