

Alaska Behavioral Health Provider Standards and Administrative Procedures

Effective DATE: 6/27/19

Preamble Language

Background. The goal of the Alaska Section 1115 SUD demonstration is for Alaska to maintain critical access to opioid use disorder (OUD) and other substance use disorder (SUD) treatment services and continue delivery system improvements for these services to provide more coordinated and comprehensive OUD/SUD treatment for Medicaid beneficiaries.

Recipient Eligibility. Medicaid recipients aged 12 and older who have at least one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM-5 or the most current version of the DSM) for substance-related and addictive disorders are eligible for waiver services.

The Division of Public Assistance (DPA) determines initial and ongoing eligibility for Medicaid in accordance with federal and state regulations as set forth in the Alaska Medicaid state plan. Medicaid recipient eligibility standards for the waiver are the same as standards set forth under the state plan.

All individuals who qualify for SUD waiver services derive their eligibility through the Medicaid state plan, and are subject to all applicable Medicaid laws and regulations in accordance with the Medicaid state plan. All Medicaid eligibility standards and methodologies for these eligibility groups remain applicable.

Individuals in need of medical or other assistance may contact [DPA](#) or may consult the [Medicaid Recipient Handbook](#).

Medicaid Billing: Several steps are required to meet requirements to bill Medicaid for 1115 SUD demonstration services:

- I. **Provider Enrollment.** Providers must be enrolled with the Alaska Medical Assistance program in order to receive reimbursement for services rendered to eligible recipients. Additionally, a service rendered based on a referral, order, or prescription is reimbursable only if the referring, ordering, or prescribing provider is enrolled as an Alaska Medical Assistance program provider. Behavioral health service providers may enroll with Alaska Medical Assistance by submitting an application through [Alaska Medicaid Health Enterprise](#), a secure website that is accessible 24 hours a day, seven days a week. Health Enterprise includes links to numerous websites that can help provide information needed to complete enrollment.

Online training is available to guide providers through enrollment. To view this training, visit the Alaska Medicaid [Learning Portal](#).

If extenuating circumstances prevent a provider from enrolling online, please contact the [Provider Enrollment Department](#).

Upon enrollment approval by the Alaska Department of Health and Social Services (DHSS), providers will receive a Medical Assistance Contract ID and a welcome packet.

- II. **Provider Agreement.** As part of the enrollment process, providers must sign and submit a [Provider Agreement](#) certifying that the provider agrees to comply with applicable federal and state laws and regulations. The provider agreement remains in effect so long as the provider

renders services to Alaska Medical Assistance recipients and applies to the provider and all of the provider's employees and contractors.

The provider agreement is available as part of the enrollment application process.

III. Changes in Provider Enrollment. Providers must report all changes to their enrollment information within 30 days of the change. Notifications of enrollment changes must be made in writing and an original signature is required; changes will not be made based on oral requests. Use the [Update Provider Information Request Form](#) to report any change in the following:

- Ownership
- Licensure, certification, or registration status
- Federal tax identification number
- Type of service or area of specialty
- Additions, deletions, or replacements in group membership
- Mailing address or phone number
- Medicare provider identification number

IV. Department Approval. Behavioral health service providers that are described in 7 AAC 70.010 must have Departmental Approval in order to operate in Alaska. The Departmental Approval types are:

- Behavioral health clinic services
- Behavioral health rehabilitation services
- Withdrawal management services
- Residential substance use treatment services under 7 AAC 70.120
- Opioid use disorder treatment services under 7 AAC 70.125
- Substance use treatment under 7 AAC 70.130

To obtain Department Approval, submit an application to MPASS Unit.

V. Regulations. Providers must meet the requirements specific to their accrediting authority and those are not included in this document. Behavioral health service providers must also meet the requirements in the Behavioral Health Services Integrated Regulations 7 AAC 70 and 7 AAC 135.

The Department of Health and Social Services (DHSS) is granted statutory authority to allow the Division of Behavioral Health (DBH) on-site access to all documents related to Medicaid service delivery (including client files), per AS 47.05 for mental health treatment and AS 47.37 for substance use treatment.

All behavioral health service providers are required to have a written grievance policy and procedure that will be posted and made available to all individuals upon admission. The Department encourages individuals currently enrolled with a provider to follow that provider's grievance policies and procedures. The Department may investigate complaints made by a patient or interested parties, per AS.47.30.660 (b) (12).

At the request of the Department, a provider must provide records in accordance with 7 AAC 105.240. The Department may review records of Medicaid providers without prior notice from Medicaid providers if the Department has cause that is based on reliable evidence to do so, per 7 AAC 160.110 (e).

Individual Qualified Behavioral Health Professional Enrollment: Each individual WITHIN an agency must be an approved Behavioral Health Professional as a Qualified Addictions Professional (QAP) and/ or a Peer Support Specialist (PSS). Facilities cannot bill 1115 Medicaid without the Qualified Behavioral Health Professional (QBHP) who is providing services enrolling in 1115 Medicaid and is affiliated with said facility. The following bullet points are the steps to for Individual Enrollment:

- A National Provider Identification Number (NPI) is required for all individuals rendering services. Applications that do not have an NPI number will not be processed
- An Application is required for all individuals applying for approval as a QBHP
- Individuals can enroll as a Qualified Addictions Professional (QAP), a Peer Support Specialist (PSS) or both. Applications and requirements are as follows:

A) **Provisional** QBHP Applications are required for individuals who do not have any qualifying credentialing under the 1115 Waiver.

1) Under the provisional, the **QAP** applicant must obtain one of the following within a three (3) year period:

- a. Alaska Behavioral Health Certification: CDC II CDCS CDC Admin
- b. ANTHC Behavioral Health Aide Certification: BHA I BHA II BHA III
BHA / P
- c. National Certification Commission for Addiction Professionals: NCAC I
 NCAC II MAC

2) Under the provisional, the **PSS** applicant and their supervisor must attest to the following:

- a. Able to self-identify as someone who has lived experience of recovery from mental illness and/or addiction and/or is a family member of someone with lived experience of recovery from mental illness and/or addiction
- b. Has skills learned in formal training and/or supervised work experience, to deliver services in behavioral health settings to promote mind-body recovery and resiliency.
- c. Has training and/or experience in providing direct services reflective of, and consistent with the Alaska Core Competencies for Direct Service Providers
- d. Has training and/or experience in providing direct services that is consistent with qualifications of a behavioral health clinical associate

3) Under the provisional, the PSS applicant and their supervisor must understand and attest to the following:

- a. A peer support specialist is someone with similar experience to the individuals he/she are supporting
- b. Family members are most appropriate to provide Peer Support Services to family members and individuals with lived experience of recovery from mental illness and/or addiction are most appropriate to provide peer support services to other individuals with recovery from mental illness and/or addiction

4) Applicants who are **ALREADY CREDENTIALLED** and have one or more of the required credentials (listed in A of this section) will be automatically approved and will not need to go through the 3 year provisional process. However, the already credentialed individual will need to fill out an application and attach their required credential (s) to the application. The individual's approval as a QBHP will have an expiration date that matches their credentialing expiration date.

- B) **Master's Level** (License and Unlicensed) must also apply to be a QAP and/or a PSS to provide SUD services under the 1115 Waiver. Agency/ Clinical Supervisor must attest that the applicant has or is working toward obtaining additional education that is necessary for the provision of SUD services. The professional under this section will have a provisional approval and have three (3) years to obtain the additional education requirements. These additional education requirements are as follows:
- a. Addiction (4 CEU units)
 - b. ASAM (2 CEU units)
 - c. Cultural Competency 2 unit
- These CEU requirements differ from the licensing boards for these professionals. This requirement is specific to the provision of 1115 services
 - These professionals must also attach a copy of their diploma and/or license to the application.
 - If a professional under this section has completed the additional education requirements within the last two years, proof of these CEU must be attached to the application and the three (3) provisional will be waived.
- C) **Nursing Professionals** must also apply to be a QAP and/or PSS to provide SUD services under the 1115 Waiver. This section applies to Registered Nurses and Licensed Practical Nurses **ONLY**. CMA's or CAN's must go through a credentialing process as described in A of this section. Agency/ Clinical Supervisor must attest that the applicant has or is working toward obtaining additional education that is necessary for the provision of SUD services. The professional under this section will have a provisional approval and have three (3) years to obtain the additional education requirements. These additional education requirements are as follows:
- a. Addiction (4 CEU units)
 - b. ASAM (2 CEU units)
 - c. Cultural Competency 2 unit
- D) Licensed Medical Doctors, Doctors of Osteopathic Medicine, Physicians Assistants, and Accredited Nurse Practitioners will also need to fill out an 1115 Waiver Qualified Behavioral Health Professional application. The professional in this section will only need to attest to the following as proof of their qualifications:
- a. The professional in this section will work as a QBHP only within their education, scope of practice, experience, ethical guidelines and area of specialty.
- Applications must be submitted to the Division of Behavioral Health (DBH) with all required attachments.
 - Once DBH has approved an individual's application, a letter of approval delineating the types of services the individual can provide will be mailed to the Facility under which the individual will be working. No certificate for individuals under this section will be provided.
 - The receiving facility will then submit the letter and enroll the individual through the Conduent Portal as affiliated with their facility.

- The individual must be affiliated with EACH facility or provider location will be providing services in.

In addition, Providers must meet Standards to bill Medicaid for 1115 SUD demonstration services including:

I. General Standards

All behavioral health service providers will adhere to the 10 guiding principles of recovery as defined by SAMHSA and listed below:

- Recovery emerges from hope
- Recovery is person-driven
- Recovery occurs via many pathways
- Recovery is holistic
- Recovery is supported by peers and allies
- Recovery is supported through relationship and social networks
- Recovery is culturally-based and influenced
- Recovery is supported by addressing trauma
- Recovery involves individual, family, and community strengths and responsibility
- Recovery is based on respect

II. ASAM Standards of Care. The demonstration will build on the state’s existing efforts to improve models of care focused on supporting individuals in the community and home, outside of institutions and strengthen a continuum of SUD services based on the [American Society of Addiction Medicine \(ASAM\) criteria](#) or other nationally recognized assessment and placement tools that reflect evidence-based clinical treatment guidelines.

[ASAM criteria](#) uses six dimensions to provide a holistic assessment of the individual:

- Dimension 1: Acute Intoxication and/or Withdrawal Potential Past and current experiences of substance use and withdrawal.
- Dimension 2: Biomedical Conditions and Complications Physical health history and current condition.
- Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications Thoughts, emotions, mental health needs, and behavioral health history
- Dimension 4: Readiness to Change Readiness and interest in changing
- Dimension 5: Relapse, Continued Use, or Continued Problem Potential Likelihood of relapse or continued use or continued behavioral health problems
- Dimension 6: Recovery and Living Environment Relationship between recovery and living environment (people, places, and things).

The status of these six dimensions, as assessed by a trained clinician, will provide recommendations on the most appropriate treatment options.

Medicaid-Covered Services for Section 1115 SUD Services

I. Outpatient Substance Use Disorder Treatment Services

Service Name/ Abbreviation 7 AAC 138.250	ASAM 2.1 Intensive Outpatient Services – Youth and Adults
Effective Date and Revision History	Eff. 7/1/2019
Service Definition/ Description	<p>Youth intensive outpatient includes structured programming services provided to beneficiaries at a minimum of six hours with a maximum of 19 hours a week for adolescents.</p> <p>Adult intensive outpatient includes structured programming services provided to beneficiaries at a minimum of nine hours with a maximum of 19 hours a week</p> <p>Treatment is focused on major lifestyle, attitudinal, and behavior issues which impair the individual’s ability to cope with major life tasks without use of substances.</p> <p>Components Services include:</p> <ul style="list-style-type: none"> • Individualized, biopsychosocial assessment and clinically-directed treatment. • Cognitive, behavioral, and other substance use disorder-focused therapies, reflecting a variety of treatment approaches, provided to the individual on an individual, group, and/ or family basis • Appropriate drug screening • Psychoeducation Services • Medication Services • Crisis Intervention Services • Community Recovery Support Services • SUD Care Coordination
Contraindicated Services	<ul style="list-style-type: none"> • SUD Partial Hospitalization • Medically Managed Intensive Inpatient Service • Clinically Managed Residential Withdrawal Management • Medically Monitored Inpatient Withdrawal Management • Medically Managed Intensive Inpatient Withdrawal Management • Medically Monitored Intensive Inpatient Services • Medically Managed Intensive Inpatient Services • Ambulatory Withdrawal Management • Clinically Managed Low Intensity Residential-3.1 • Clinically Managed High Intensity Residential-3.5 • Clinically Managed High Intensity Residential Treatment-3.3 (Population Specific)

<p>Service Requirements/ Expectations</p>	<p>SUD Programs must give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> 1. Pregnant injecting drug users 2. Other pregnant substance users 3. Other injecting drug users 4. Office of Children Services engaged families 5. All others <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs must establish and maintain a waiting list of persons seeking treatment who cannot be admitted and must use a unique identifier for Injection Drug Users (IDUs). IDU requesting treatment must be admitted no later than 14 days after the request. If there is no slot available, then IDUs must be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>SUD Programs must ensure that clients are provided with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the wait list, and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> • Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction. • Referral for HIV and TB testing and treatment. • Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women. <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients must receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs must have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether or not they would like to use medications to treat their substance use disorder.</p>
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	<p>SUD Programs must make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and must bill Medicaid for qualifying services.</p> <p>SUD Programs must offer services that help families or the client’s support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p>
Target Population	Youth and adults ages 12 and older with a substance use disorder diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.
Staff Qualifications	<p>Providers qualified to be reimbursed for eligible services provided to eligible service recipients include:</p> <ul style="list-style-type: none"> • Licensed physicians • Licensed physician assistants • Licensed advanced nurse practitioners • Licensed registered nurses supervised by a physician or advanced nurse practitioner • Licensed practical nurses supervised by a physician or advanced nurse practitioner • Mental health professional clinicians (AK Medicaid provider type including licensed clinical social workers, licensed marriage and family therapists, licensed master’s social workers, licensed clinical psychologists, licensed psychological associates, licensed professional counselors) • Substance Use Disorder Counselors (AK certified Chemical Dependency Counselor I or II and Chemical Dependency Clinical Supervisor) • Behavioral Health Clinical Associates <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer</p>
Service Location	<p>Services may be provided in outpatient.</p> <p>The following Place of Service codes are allowed for IOP services:</p> <p>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 26-Military Treatment Center 49-Independent Clinic 50-Federally Qualified Health Center 52-Partial Hospitalization Program 53-Community Mental Health Center</p>

	57-Non-residential Substance Abuse Treatment Center 71-State or local Public Health Clinic 72-Rural Health Clinic
Service Frequency/Limits	19 Units per week with no Service Authorization bypass; 304 units per SFY with Service Authorization bypass; combine with Telehealth at which point a service re-authorization is required.
Service Authorization	No
Service Documentation	Delivery of intensive outpatient services must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	Providers may administer pharmacological treatment in conjunction with the outpatient substance use disorder treatment services in (a) of this section if the pharmacological treatment is provided by an individual listed in 7 AAC 135.010(b)(2).
Service Code	H0015 V1 Hoo15 V1 GT -Telehealth
Unit Value	Hourly
Payment Rate	\$118.42

ASAM Level 2.5 SUD Partial Hospitalization Program - Youth

Service Name/ Abbreviation 7 AA 138.250	SUD Partial Hospitalization Program – Youth (PHP-Youth)
Effective Date and Revision History	Eff. 7/1/2019
Service Definition/ Description	<p>Partial hospitalization (PHP) is an outpatient program which provides clinically intensive treatment services, combined with educational services, for twenty (20) hours a week during the day hours. A day of PHP is defined as six (6) hours of treatment.</p> <p>PHPs have the capacity to:</p> <ul style="list-style-type: none"> • Address major lifestyle, attitudinal, & behavioral issues which impair the youth’s ability to cope with major life tasks without the addictive use of alcohol and/or other drugs • Treat youth with substantial medical and psychiatric problems. <p>PHP services are designed for the diagnosis or active treatment of a substance use disorder (SUD) for youth presenting with:</p> <ul style="list-style-type: none"> • Biomedical conditions and problems severe enough to distract from recovery efforts but not sufficient to interfere with treatment; and

	<ul style="list-style-type: none"> • Emotional, behavioral, or cognitive conditions and complications that affect the individual’s level of functioning, stability, and degree of impairment; and • A need for repeated, structured, clinically directed motivational interventions, or at high risk of relapse, or an unsupportive recovery environment. <p>PHP requires a minimum of 20 hours of treatment/week, 6 hours of treatment/day, and 15 hours of educational instruction/week during the regular school year. For youth, one program schedule is allowed— 5-days/week M-F, 7:30 am-5:30 pm. Required weekly program schedule hours per therapy service include:</p> <ul style="list-style-type: none"> • 2 hours of individual therapy/week • 12 hours of group therapy/week • 1 hour of family therapy/week • 1 hour of case management/week • 15 hours of educational instruction/week (during regular school year) • 4 hours of recreational therapy/week • 1 hour of medication services/week • 4 hours of community and recovery support services/week • Random drug screening • Crisis intervention services as needed • Occupational therapy services as needed
<p>Contraindicated Services</p>	<ul style="list-style-type: none"> • Intensive Outpatient Program • Medically Managed Intensive Inpatient Service • Clinically Managed Residential Withdrawal Management • Medically Monitored Inpatient Withdrawal Management • Medically Managed Intensive Inpatient Withdrawal Management • Medically Monitored Intensive Inpatient Services • Medically Managed Intensive Inpatient Services • Community Recovery Support Services • Ambulatory Withdrawal Management • Clinically Managed Low Intensity Residential-3.1 • Clinically Managed High Intensity Residential3.5
<p>Service Requirements/ Expectations</p>	<p>Placement in a partial hospital program (PHP) is a clinical decision that can be made only by a clinician thoroughly knowledgeable about the individual's illness, history, environment, and support system. PHP may be used to shorten the length of stay of residential/inpatient care or serve as a transition from residential/inpatient to outpatient settings or to allow some individuals to avoid residential/inpatient care altogether.</p> <p>SUD Programs must give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> 6. Pregnant injecting drug users 7. Other pregnant substance users

8. Other injecting drug users
9. Office of Children Services engaged families
10. All others

SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.

SUD Programs must establish and maintain a waiting list of persons seeking treatment who cannot be admitted and must use a unique identifier for Injection Drug Users (IDUs). IDU requesting treatment must be admitted no later than 14 days after the request. If there is no slot available, then IDUs must be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.

SUD Programs must ensure that clients are provided with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the wait list, and can be provided by the program or another agency. Interim services should include:

- Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction.
- Referral for HIV and TB testing and treatment.
- Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women.

SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients must receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.

SUD Programs must have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.

SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether or not they would like to use medications to treat their substance use disorder.

SUD Programs must make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and must bill Medicaid for qualifying services.

	<p>SUD Programs must offer services that help families or the client’s support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p>
<p>Target Population</p>	<p>Youth and adults ages 12 and older with a substance use disorder diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.</p> <p>SUD PHP services are specifically designed for individuals who do not meet an inpatient level of care, but still require intense monitoring to maintain the individual’s level of functioning and prevent relapse or residential/inpatient services.</p> <p>Youth appropriate for this level of care:</p> <ul style="list-style-type: none"> • Have manageable biomedical conditions/problems, • Have mild to moderate emotional/behavioral/or cognitive conditions & complications, • Have poor engagement in treatment, • Are at high risk for relapse, and • Have an unsupportive recovery environment & therefore require repeated, structured, clinically directed motivational interventions. <p>PHP may be the initial level of care, a “step-up” from Level 1 outpatient, or a “step-down” from Level 3 residential services. Youth admitted to this level of care meet the requirements of IOP, but warrant near-daily monitoring or management and more clinically intensive services.</p>
<p>Staff Qualifications</p>	<p>Staff should be knowledgeable about adolescent development and experienced in engaging and working with adolescents.</p> <p>PHPs must be staffed by an interdisciplinary team of Qualified Addiction Professionals, including:</p> <ul style="list-style-type: none"> • Mental health professional clinicians • Substance use disorder counselors (AK certified Chemical Dependency Counselor I or II and Chemical Dependency Clinical Supervisor) • Behavioral health clinical associates • Licensed physicians • Licensed physician assistants • Licensed advanced nurse practitioners • Registered nurses • Licensed practical nurses

	All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer.
Service Location	Outpatient (e.g., treatment provider location, private practitioner location). No IP or residential settings allowed. Telehealth is not allowed for PHP.
Service Frequency/Limits	Medicaid reimburses PHP for a maximum of 35 hours/week per beneficiary for a maximum of twenty-one (21) days/PHP episode, at which point a service re-authorization is required. Medicaid reimburses PHP for a maximum of 320 hours (53 days) per beneficiary per State Fiscal Year. The minimum daily limit for PHP is six (6) hours. Medicaid will not reimburse for hospital-based PHPs.
Service Authorization	No
Service Documentation	Delivery of SUD partial hospitalization services must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	Providers may administer pharmacological treatment in conjunction with the outpatient substance use disorder treatment services in (a) of this section if the pharmacological treatment is provided by an individual listed in 7 AAC 135.010(b)(2).
Service Code and Code Set Description	H0035 V1
Unit Value	1 day = 1 unit
Payment Rate	\$500.00
Additional Information	

ASAM Level 2.5 SUD Partial Hospitalization Program - Adults

Service Name/ Abbreviation 7 AAC 138.250	ASAM Level 2.5 Partial hospitalization (PHP - Adult)
Effective Date and Revision History	Eff. 7/1/2019
Service Definition/ Description	Outpatient program which provides clinically intensive treatment services for twenty (20) hours a week during weekdays or on weekends. A day of PHP is defined as six (6) hours of treatment. PHPs have the capacity to: <ul style="list-style-type: none"> • Addressing major lifestyle, attitudinal, & behavioral issues which impair the adult’s ability to cope with major life tasks without the addictive use of alcohol and/or other drugs, • Treat adults with substantial medical and psychiatric problems.

	<p>PHP services are designed for the diagnosis or active treatment of a substance use disorder (SUD) for adults presenting with:</p> <ul style="list-style-type: none"> • Biomedical conditions and problems severe enough to distract from recovery efforts but not sufficient to interfere with treatment; and • Emotional, behavioral, or cognitive conditions and complications that affect the individual’s level of functioning, stability, and degree of impairment; and • A need for repeated, structured, clinically directed motivational interventions, or at imminent risk of relapse, or an unsupportive recovery environment. <p>For some individuals, the availability of partial hospitalization may shorten the length of stay of residential/inpatient care or serve as a transition from residential/inpatient to outpatient settings. PHP may also allow some individuals to avoid residential/inpatient care altogether. Placement in a partial hospital program is a clinical decision that can be made only by a clinician thoroughly knowledgeable about the individual's illness, history, environment, and support system.</p>
<p>Contraindicated Services</p>	<ul style="list-style-type: none"> • Intensive Outpatient Program • Medically Managed Intensive Inpatient Service • Clinically Managed Residential Withdrawal Management • Medically Monitored Inpatient Withdrawal Management • Medically Managed Intensive Inpatient Withdrawal Management • Medically Monitored Intensive Inpatient Services • Medically Managed Intensive Inpatient Services • Community Recovery Support Services • Ambulatory Withdrawal Management • Clinically Managed Low Intensity Residential-3.1 • Clinically Managed High Intensity Residential-3.5
<p>Service Requirements/ Expectations</p>	<p>PHP requires 20 hours/week & 6 hours/day. Three adult program schedules may be provided—weekends only (10 hours each on Saturdays and Sundays), 5-days/week early morning and evening (M-F 7-9 am and 5-9 pm) for working adults, & 5 days/week during day (M-F 9 am-4 pm).</p> <p>Required services are individual therapy, group therapy, family therapy, medication services, case management, and community and recovery support services. Random drug screening will also occur and crisis intervention services are to be provided as needed. The weekly program schedule must include the following minimum number of hours per required service:</p> <ul style="list-style-type: none"> • 1 hour of individual therapy/week • 12 hours of group therapy/week • 1 hour of family therapy/week

	<ul style="list-style-type: none"> • 1 hour of case management/week • 1 hour of medication services/week • 4 hours of community and recovery support services/week • Random drug screening • Crisis intervention services as needed. <p>PHP requires 20 hours/week & 6 hours/day. Three adult program schedules may be provided—weekends only (10 hours each on Saturdays and Sundays), 5-days/week early morning and evening (M-F 7-9 am and 5-9 pm) for working adults, & 5 days/week during day (M-F 9 am-4 pm).</p> <p>The Department is finalizing evidence-based practices (EBPs) to be used for Adult PHP. The Department will establish an EBP monitoring mechanism to specify requirements for application, review, approval, and monitoring of implementation fidelity for all EBP used for Waiver services.</p> <p>SUD Programs must give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> 11. Pregnant injecting drug users 12. Other pregnant substance users 13. Other injecting drug users 14. Office of Children Services engaged families 15. All others <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs must establish and maintain a waiting list of persons seeking treatment who cannot be admitted and must use a unique identifier for Injection Drug Users (IDUs). IDU requesting treatment must be admitted no later than 14 days after the request. If there is no slot available, then IDUs must be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>SUD Programs must ensure that clients are provided with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the wait list, and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> • Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction. • Referral for HIV and TB testing and treatment. • Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women.
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	<p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients must receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs must have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether or not they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs must make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and must bill Medicaid for qualifying services.</p> <p>SUD Programs must offer services that help families or the client’s support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p>
<p>Target Population</p>	<p>Youth and adults ages 12 and older with a substance use disorder who do not meet an inpatient level of care, but still require intense monitoring to maintain the individual’s level of functioning and prevent relapse or residential/inpatient services.</p> <p>Adults appropriate for this level of care:</p> <ul style="list-style-type: none"> • Have manageable biomedical conditions/problems, • Have mild to moderate emotional/behavioral/or cognitive conditions & complications • Have poor engagement in treatment, • Are at high risk for relapse, and • Have an unsupportive recovery environment & therefore require repeated, structured, clinically directed motivational interventions. <p>PHP may be the initial level of care, a “step-up” from Level 1 outpatient, or a “step-down” from Level 3 residential services. Adults</p>

	admitted to this level of care meet the requirements of IOP, but warrant near-daily monitoring or management and more clinically intensive services.
Staff Qualifications	<p>PHPs must be staffed by an interdisciplinary team of Qualified Addiction Professionals, including:</p> <ul style="list-style-type: none"> • Mental health professional clinicians • Substance use disorder counselors • Behavioral health clinical associates • Licensed physicians • Licensed physician assistants • Licensed advanced nurse practitioners • Registered nurses • Licensed practical nurses <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer.</p>
Service Location	<p>Outpatient settings only (e.g., treatment provider location or private practice location). No inpatient or residential settings allowed.</p> <p>Telehealth is not allowed.</p>
Service Frequency/Limits	<p>Medicaid reimburses PHP for a maximum of 35 hours/week per beneficiary for a maximum of twenty-one (21) days/PHP episode, at which point a service re-authorization will be required. Medicaid reimburses PHP for a maximum of 320 hours (53 days) per beneficiary per State Fiscal Year. The minimum daily limit for PHP is six (6) hours. Medicaid will not reimburse for hospital-based PHPs.</p>
Service Authorization	No
Service Documentation	<p>Delivery of SUD partial hospitalization services must be documented in a progress note in accordance with 7 AAC 135.130.</p>
Relationship to Other Services	<p>An integrated comprehensive clinical assessment conducted by a Qualified Addiction Professional is required.</p>
Service Code and Code Set Description	H0035 V1
Unit Value	1 day = 1 unit
Payment Rate	\$500.00
Additional Information	

II. Inpatient Substance Use Disorder Treatment Services

<p>Service Name/ Abbreviation 7 AAC 138.300 7 AAC 70.120 (a-f)</p>	<p>ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services – Youth and Adult</p>
<p>Effective Date and Revision History</p>	<p>Eff. 7/1/2019</p>

<p>Service Definition/ Description</p>	<p>The primary goal of Level 3.1 is to focus on a structured recovery environment that provides sufficient stability. Support while seeking education and/or employment is an essential feature of these SUD Programs. There is a heavy focus on ASAM Dimensions 5 and 6.</p> <p>Level 3.1 includes a minimum of five hours of treatment services per week.</p> <p>Level 3.1 may also apply to the final phase of a 3.5 residential program, where individuals in a residential or Intensive Therapeutic Community Program need reduced hours of clinical services and increased hours of employment seeking, exploring housing options and other community reintegration efforts.</p>
<p>Contraindicated Services</p>	<ul style="list-style-type: none"> • Intensive Outpatient Program • Partial Hospitalization • Community Recovery Support Services • Medically Managed Intensive Inpatient Service • Clinically Managed Residential Withdrawal Management • Medically Monitored Inpatient Withdrawal Management • Medically Managed Intensive Inpatient Withdrawal Management • Medically Monitored Intensive Inpatient Services • Medically Managed Intensive Inpatient Services • Clinically Managed High Intensity Residential-3.5
<p>Service Requirements/ Expectations</p>	<p>All inpatient residential substance use disorder treatment services in addition to being delivered during regular business hours must also be delivered according to the requirements of this section during evening hours and on weekends and holidays.</p> <p>SUD Programs must give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> 16. Pregnant injecting drug users 17. Other pregnant substance users 18. Other injecting drug users 19. Office of Children Services engaged families 20. All others <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs must establish and maintain a waiting list of persons seeking treatment who cannot be admitted and must use a unique identifier for Injection Drug Users (IDUs). IDU requesting treatment must be admitted no later than 14 days after the request. If there is no slot available, then IDUs must be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p>

	<p>SUD Programs must ensure that clients are provided with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the wait list, and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> • Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction. • Referral for HIV and TB testing and treatment. • Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women. <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients must receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs must have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether or not they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs must make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and must bill Medicaid for qualifying services.</p> <p>SUD Programs must offer services that help families or the client’s support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p>
Target Population	Youth and adults ages 12 or older with SUD diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.
Staff Qualifications	Providers qualified to be reimbursed for eligible services provided to eligible service recipients include:

	<ul style="list-style-type: none"> • Licensed physicians • Licensed physician assistants • Licensed advanced nurse practitioners • Licensed registered nurses supervised by a physician or advanced nurse practitioner • Licensed practical nurses supervised by a physician or advanced nurse practitioner • Mental health professional clinicians (AK Medicaid provider type including licensed clinical social workers, licensed marriage and family therapists, licensed master’s social workers, licensed clinical psychologists, licensed psychological associates, licensed professional counselors) • Substance Use Disorder Counselors (AK certified Chemical Dependency Counselor I or II and Chemical Dependency Clinical Supervisor) • Behavioral Health Clinical Associates <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer</p>
Service Location	55-Residential Substance Abuse Treatment Facility Providers are exempt from the requirements of the Medicaid Institutions for Mental Diseases (IMD) exclusion under Section 1905(a) (B) of the Social Security Act.
Service Frequency/Limits	30 Units per SFY with Service Authorization bypass at which point a service re-authorization is required.
Service Authorization	Yes, after 1 st 30 days
Service Documentation	Delivery of inpatient substance use disorder treatment must be documented in a progress note in accordance with 7 AAC 135.130.
Service Code and Code Set Description	H2036 V1 HA-Adolescents H2036 V1 HF-Adult
Payment Rate	\$400.83-Adult \$348.39-Adolscent
Additional Information	

Service Name/ Abbreviation 7 AAC 138.300	ASAM Level 3.7 Medically Monitored High-Intensity Inpatient Services – Youth and Adult
Effective Date and Revision History	Eff. 7/1/2019

<p>Service Definition/ Description</p>	<p>This level of care is appropriate for patients with biomedical, emotional, behavioral and/or cognitive conditions that require highly structured 24-hour services including direct evaluation, observation, and medically monitored addiction treatment. Medically monitored treatment is provided through a combination of direct patient contact, record review, team meetings and quality assurance programming.</p> <p>These services are differentiated from Level 4.0 in that the population served does not have conditions severe enough to warrant medically managed inpatient services or acute care in a general hospital where daily treatment decisions are managed by a physician.</p> <p>Level 3.7 is appropriate for adolescents with co-occurring psychiatric disorders or symptoms that hinder their ability to successfully engage in SUD treatment in other settings. Services in this program are meant to orient or re-orient patients to daily life structures outside of substance use.</p> <p>Component Services include:</p> <ul style="list-style-type: none"> • Individualized, person-centered assessment and medically-monitored treatment • Addiction pharmacotherapy and medication services • Appropriate drug screening • Cognitive behavioral and other substance-use disorder-focused therapies, reflecting a variety of treatment approaches, provided to the individual on an individual, group, or family basis • Daily medical and nursing services • Counseling and clinical/medical monitoring • Daily treatment services focused on managing the individual's acute symptoms • Psychoeducation services
<p>Contraindicated Services:</p>	<ul style="list-style-type: none"> • Intensive Outpatient Program • Partial Hospitalization • Community Recovery Supports Services • Medically Managed Intensive Inpatient Service • Clinically Managed Residential Withdrawal Management • Medically Managed Intensive Inpatient Withdrawal Management

	<ul style="list-style-type: none"> • Medically Monitored Intensive Inpatient Services • Ambulatory Withdrawal Management • Clinically Managed Low Intensity Residential Treatment-3.1(Adult/Adolescent) • Clinically Managed High Intensity Residential Treatment-3.5 (Adult/Adolescent)
<p>Service Requirements/ Expectations</p>	<p>All inpatient residential substance use disorder treatment services in addition to being delivered during regular business hours must also be delivered according to the requirements of this section during evening hours and on weekends and holidays.</p> <p>SUD Programs must give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> 21. Pregnant injecting drug users 22. Other pregnant substance users 23. Other injecting drug users 24. Office of Children Services engaged families 25. All others <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs must establish and maintain a waiting list of persons seeking treatment who cannot be admitted and must use a unique identifier for Injection Drug Users (IDUs). IDU requesting treatment must be admitted no later than 14 days after the request. If there is no slot available, then IDUs must be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>SUD Programs must ensure that clients are provided with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the wait list, and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> • Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction. • Referral for HIV and TB testing and treatment. • Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women. <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients must receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to</p>

	<p>HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs must have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether or not they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs must make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and must bill Medicaid for qualifying services.</p> <p>SUD Programs must offer services that help families or the client’s support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p>
<p>Target Population</p>	<p>Youth and adults ages 12 and older with a substance use disorder diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.</p>
<p>Staff Qualifications</p>	<ul style="list-style-type: none"> • Doctor • RN • LPN • Psychologist • Master's level MH Professional Clinician • Bachelor's level Clinical Associate or SUD counselor <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer</p>
<p>Service Location</p>	<p>Services are provided in freestanding, appropriately licensed facilities located in a community setting or a specialty unit in a general or psychiatric hospital or other licensed health care facility:</p> <ul style="list-style-type: none"> • AK licensed general acute care hospitals • Specialized psychiatric hospitals • Alaska Native tribal facilities • Critical Access Hospitals

Service Frequency/Limits	7 units per SFY with service authorization bypass; service authorization to extend limit required.
Service Authorization	No
Service Documentation	Delivery of medically monitored high intensity inpatient services must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	ASAM Level 3.7 Medically Monitored High-Intensity Inpatient Services – Youth and Adult services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.
Service Code and Code Set Description	H0010 V1 TG
Unit Value	Daily
Payment Rate	\$900
Additional Information	

Service Name/ Abbreviation 7 AAC 138.300	ASAM Level 4.0 Medically Managed Intensive Inpatient Services – Youth and Adult
Effective Date and Revision History	Eff. 7/1/2019
Service Definition/ Description	<p>This level of care is appropriate for patients with biomedical, emotional, behavioral and/or cognitive conditions severe enough to warrant primary medical care and nursing care. Services offered at this level differ from Level 3.7 services in that patients receive daily direct care from a licensed physician who is responsible for making shared treatment decisions with the patient (i.e. medically managed care). These services are provided in a hospital-based setting and include medically directed evaluation and treatment.</p> <p>Component Services include:</p> <ul style="list-style-type: none"> • Individualized, person-centered assessment and medically directed & managed treatment • Addiction pharmacotherapy and medication services • Appropriate drug screening • Cognitive behavioral and other substance-use disorder-focused therapies, reflecting a variety of treatment approaches, provided to the individual on an individual, group, or family basis • Daily medical and nursing services • Counseling and clinical/medical monitoring • Daily treatment services focused on managing the individual’s acute symptoms • Psychoeducation services

<p>Contraindicated Service</p>	<ul style="list-style-type: none"> • Intensive Outpatient Program • Community Recovery Support Services • Partial Hospitalization • Medically Managed Intensive Inpatient Withdrawal Management • Clinically Managed Residential Withdrawal Management • Medically Monitored Inpatient Withdrawal Management • Medically Monitored Intensive Inpatient Services • Ambulatory Withdrawal Management • Clinically Managed Low Intensity Residential Treatment-3.1 (Adult/Adolescent) • Clinically Managed High Intensity Residential Treatment-3.5 (Adult/Adolescent)
<p>Service Requirements/ Expectations</p>	<p>SUD Programs must give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> 26. Pregnant injecting drug users 27. Other pregnant substance users 28. Other injecting drug users 29. Office of Children Services engaged families 30. All others <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs must establish and maintain a waiting list of persons seeking treatment who cannot be admitted and must use a unique identifier for Injection Drug Users (IDUs). IDU requesting treatment must be admitted no later than 14 days after the request. If there is no slot available, then IDUs must be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>SUD Programs must ensure that clients are provided with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the wait list, and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> • Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction. • Referral for HIV and TB testing and treatment. • Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women. <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients must receive these services. In addition, providers must</p>

	<p>have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs must have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether or not they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs must make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and must bill Medicaid for qualifying services.</p> <p>SUD Programs must offer services that help families or the client’s support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p>
Target Population	Youth and adults ages 12 and older with a substance use disorder diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.
Staff Qualifications	<ul style="list-style-type: none"> • Doctor • RN • LPN • Psychologist • Master's level MH Professional Clinician • Bachelor's level Clinical Associate or SUD counselor <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer</p>
Service Location	Services may be provided in an acute care general hospital, an acute psychiatric hospital, or a psychiatric unit within an acute care general hospital, or through a licensed addiction treatment specialty hospital.
Service Frequency/Limits	7 units per SFY with service authorization bypass; service authorization required to extend limit.

Service Authorization	No
Service Documentation	Delivery of ASAM Level 4.0 Medically Managed Intensive Inpatient services must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	ASAM Level 4.0 Medically Managed Intensive Inpatient Services – Youth and Adult services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.
Service Code and Code Set Description	H009 V1 TG
Unit Value	Daily
Payment Rate	\$1,500
Additional Information	

III. Alcohol and Drug Withdrawal Management Services

Service Name/ Abbreviation 7 AAC 138.350	ASAM Level WM 1: Ambulatory Withdrawal Management Without Extended On-site Monitoring – Youth and Adult
Clinic or Rehab	
Effective Date and Revision History	Eff. 7/1/2019
Service Definition/ Description	Mild withdrawal
Contraindicated Service	<ul style="list-style-type: none"> • Intensive Outpatient Program • Partial Hospitalization • Medically Managed Intensive Inpatient Service • Medically Managed Intensive Inpatient Withdrawal Management • Medically Monitored Intensive Inpatient Services • Ambulatory Withdrawal Management • Clinically Managed Low Intensity Residential Treatment-3.1 (Adult/Adolescent) • Clinically Managed High Intensity Residential Treatment-3.5 (Adult/Adolescent)
Service Requirements/ Expectations	<p>SUD Programs must give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> 31. Pregnant injecting drug users 32. Other pregnant substance users 33. Other injecting drug users 34. Office of Children Services engaged families 35. All others <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p>

	<p>SUD Programs must establish and maintain a waiting list of persons seeking treatment who cannot be admitted and must use a unique identifier for Injection Drug Users (IDUs). IDU requesting treatment must be admitted no later than 14 days after the request. If there is no slot available, then IDUs must be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>SUD Programs must ensure that clients are provided with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the wait list, and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none">• Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction.• Referral for HIV and TB testing and treatment.• Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women. <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients must receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs must have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether or not they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs must make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and must bill Medicaid for qualifying services.</p> <p>SUD Programs must offer services that help families or the client's support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p>
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Target Population	Youth and adults ages 12 and older with a substance use disorder diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.
Staff Qualifications	<ul style="list-style-type: none"> • Doctor • RN • LPN • Psychologist • Master's level MH Professional Clinician • Bachelor's level Clinical Associate or SUD counselor <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer</p>
Service Location	Outpatient (e.g., treatment provider location, private practitioner location). No IP or residential settings allowed.
Service Frequency/Limits	80 units per SFY with service authorization bypass, service authorization required to extend limit.
Service Authorization	No
Service Documentation	Delivery of ASAM Level WM 1: Ambulatory Withdrawal Management Without Extended On-site Monitoring services must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	ASAM Level WM 1: Ambulatory Withdrawal Management Without Extended On-site Monitoring – Youth and Adult services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.
Service Code and Code Set Description	H0014 V1
Unit Value	Hourly
Payment Rate	120.00
Additional Information	

Service Name/ Abbreviation 7 AAC 138.350	ASAM 2-WM: Ambulatory Withdrawal Management Services with Extended On-site Monitoring – Youth and Adult
Effective Date and Revision History	7/1/2019
Service Definition/ Description	Moderate withdrawal with all-day withdrawal management, support, and supervision; has supportive family or living situation at night.
Contraindicated Service	<ul style="list-style-type: none"> • Intensive Outpatient Program • Partial Hospitalization • Medically Managed Intensive Inpatient Service • Medically Managed Intensive Inpatient Withdrawal Management • Medically Monitored Intensive Inpatient Services • Clinically Managed Low Intensity Residential Treatment-3.1

	<p>(Adult/Adolescent)</p> <ul style="list-style-type: none"> • Clinically Managed High Intensity Residential Treatment-3.5 (Adult/Adolescent)
<p>Service Requirements/ Expectations</p>	<p>SUD Programs must give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> 36. Pregnant injecting drug users 37. Other pregnant substance users 38. Other injecting drug users 39. Office of Children Services engaged families 40. All others <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs must establish and maintain a waiting list of persons seeking treatment who cannot be admitted and must use a unique identifier for Injection Drug Users (IDUs). IDU requesting treatment must be admitted no later than 14 days after the request. If there is no slot available, then IDUs must be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>SUD Programs must ensure that clients are provided with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the wait list, and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> • Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction. • Referral for HIV and TB testing and treatment. • Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women. <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients must receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs must have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p>

	<p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether or not they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs must make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and must bill Medicaid for qualifying services.</p> <p>SUD Programs must offer services that help families or the client’s support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p>
Target Population	Youth and adults ages 12 and older with a substance use disorder diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.
Staff Qualifications	<ul style="list-style-type: none"> • Doctor • RN • LPN • Psychologist • Master's level MH Professional Clinician, Bachelor's level Clinical Associate or SUD counselor <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer</p>
Service Location	Outpatient (e.g., treatment provider location, private practitioner location). No IP or residential settings allowed.
Service Frequency/Limits	80 units per SFY with service authorization bypass, service authorization required to extend limit.
Service Authorization	No
Service Documentation	Delivery of ASAM 2-WM: Ambulatory Withdrawal Management Services with Extended On-site Monitoring services must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	ASAM 2-WM: Ambulatory Withdrawal Management Services with Extended On-site Monitoring services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.
Service Code and Code Set Description	H0014 V1
Unit Value	Hourly
Payment Rate	\$120.00
Additional Information	

<p>Service Name/ Abbreviation 7 AAC 138.350</p>	<p>ASAM Level 3.2 WM: Clinically Managed Residential Withdrawal Management</p>
<p>Effective Date and Revision History</p>	<p>Eff. 7/1/2019</p>
<p>Service Definition/ Description</p>	<p>Moderate withdrawal but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery.</p>
<p>Contraindicated Service</p>	<ul style="list-style-type: none"> • Intensive Outpatient Program • Partial Hospitalization • Community Recovery Supports Services • SUD Care Coordination • Medically Managed Intensive Inpatient Service • Medically Managed Intensive Inpatient Withdrawal Management • Medically Monitored Intensive Inpatient Services • Ambulatory Withdrawal Management • Clinically Managed Low Intensity Residential Treatment-3.1 (Adult/Adolescent) • Clinically Managed High Intensity Residential Treatment-3.5 (Adult/Adolescent)
<p>Service Requirements/ Expectations</p>	<p>SUD Programs must give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> 41. Pregnant injecting drug users 42. Other pregnant substance users 43. Other injecting drug users 44. Office of Children Services engaged families 45. All others <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs must establish and maintain a waiting list of persons seeking treatment who cannot be admitted and must use a unique identifier for Injection Drug Users (IDUs). IDU requesting treatment must be admitted no later than 14 days after the request. If there is no slot available, then IDUs must be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>SUD Programs must ensure that clients are provided with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the wait list, and can be provided by the program or another agency. Interim services should include:</p>

	<ul style="list-style-type: none"> • Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction. • Referral for HIV and TB testing and treatment. • Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women. <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients must receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs must have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether or not they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs must make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and must bill Medicaid for qualifying services.</p> <p>SUD Programs must offer services that help families or the client’s support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p>
Target Population	Youth and adults ages 12 and older with a substance use disorder diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.
Staff Qualifications	<ul style="list-style-type: none"> • Doctor • RN • LPN • Psychologist • Master's level MH Professional Clinician, Bachelor's level Clinical Associate or SUD counselor

	All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer
Service Location	55-Residential Substance Abuse Treatment Facility
Service Frequency/Limits	1 billable service per day, no annual limit
Service Authorization	No
Service Documentation	Delivery of ASAM Level 3.2 WM: Clinically Managed Residential Withdrawal Management services must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	ASAM Level 3.2 WM: Clinically Managed Residential Withdrawal Management services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.
Service Code and Code Set Description	H0010 V1
Unit Value	Daily
Payment Rate	\$302.25
Additional Information	

Service Name/ Abbreviation 7 AAC 138.350	ASAM Level 3.7 WM Medically Monitored Inpatient Withdrawal Management
Effective Date and Revision History	Eff. 7/1/2019
Service Definition/ Description	Severe withdrawal needing 24-hour nursing care and physician visits; unlikely to complete withdrawal management without medical monitoring.
Contraindicated Service	<ul style="list-style-type: none"> • Intensive Outpatient Program • Partial Hospitalization • Community Recovery Supports Services • Medically Managed Intensive Inpatient Service • Medically Managed Intensive Inpatient Withdrawal Management • Medically Monitored Intensive Inpatient Services • Ambulatory Withdrawal Management • Clinically Managed Low Intensity Residential Treatment-3.1(Adult/Adolescent) • Clinically Managed High Intensity Residential Treatment-3.5 (Adult/Adolescent)
Service Requirements/ Expectations	SUD Programs must give priority preference to treatment as follows: 46. Pregnant injecting drug users 47. Other pregnant substance users 48. Other injecting drug users 49. Office of Children Services engaged families

50. All others

SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.

SUD Programs must establish and maintain a waiting list of persons seeking treatment who cannot be admitted and must use a unique identifier for Injection Drug Users (IDUs). IDU requesting treatment must be admitted no later than 14 days after the request. If there is no slot available, then IDUs must be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.

SUD Programs must ensure that clients are provided with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the wait list, and can be provided by the program or another agency. Interim services should include:

- Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction.
- Referral for HIV and TB testing and treatment.
- Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women.

SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients must receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.

SUD Programs must have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.

SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether or not they would like to use medications to treat their substance use disorder.

SUD Programs must make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and must bill Medicaid for qualifying services.

	SUD Programs must offer services that help families or the client’s support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.
Target Population	Youth and adults ages 12 and older with a substance use disorder diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.
Staff Qualifications	<ul style="list-style-type: none"> • Doctor • RN • LPN • Psychologist • Master's level MH Professional Clinician • Bachelor's level Clinical Associate or SUD counselor <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer</p>
Service Location	<p>Services are provided in freestanding, appropriately licensed facilities located in a community setting or a specialty unit in a general or psychiatric hospital or other licensed health care facility:</p> <ul style="list-style-type: none"> • AK licensed general acute care hospitals • Specialized psychiatric hospitals • Alaska Native tribal facilities <p>Critical Access Hospitals</p>
Service Frequency/Limits	1 billable service per day, no annual limit
Service Authorization	No
Service Documentation	Delivery of ASAM Level 3.7 WM Medically Monitored Inpatient Withdrawal Management services must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	ASAM Level 3.7 WM Medically Monitored Inpatient Withdrawal Management services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.
Service Code and Code Set Description	H0010 V1 TG
Unit Value	Daily
Payment Rate	\$900
Additional Information	

Service Name/ Abbreviation 7 AAC 138.350	ASAM 4.0 WM: Medically Managed Intensive Inpatient Withdrawal Management
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Effective Date and Revision History	Eff. 7/1/2019
Service Definition/Description	Severe, unstable withdrawal and needs 24-hour nursing care and daily physician visits to modify withdrawal management regimen and manage medical instability.
Contraindicated Service	<ul style="list-style-type: none"> • Intensive Outpatient Program • Partial Hospitalization • Community Recovery Supports Services • Medically Managed Intensive Inpatient Service • Medically Managed Intensive Inpatient Withdrawal Management • Medically Monitored Intensive Inpatient Services • Ambulatory Withdrawal Management • Clinically Managed Low Intensity Residential Treatment-3.1 (Adult/Adolescent) • Clinically Managed High Intensity Residential Treatment-3.3 (Population Specific) (Adult/Adolescent) • Clinically Managed High Intensity Residential Treatment-3.5 (Adult/Adolescent)
Service Requirements/Expectations	<p>SUD Programs must give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> 51. Pregnant injecting drug users 52. Other pregnant substance users 53. Other injecting drug users 54. Office of Children Services engaged families 55. All others <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs must establish and maintain a waiting list of persons seeking treatment who cannot be admitted and must use a unique identifier for Injection Drug Users (IDUs). IDU requesting treatment must be admitted no later than 14 days after the request. If there is no slot available, then IDUs must be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>SUD Programs must ensure that clients are provided with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the wait list, and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> • Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction. • Referral for HIV and TB testing and treatment.

	<ul style="list-style-type: none"> • Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women. <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients must receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs must have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether or not they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs must make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and must bill Medicaid for qualifying services.</p> <p>SUD Programs must offer services that help families or the client’s support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p>
Target Population	Youth and adults ages 12 and older with a substance use disorder diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.
Staff Qualifications	<ul style="list-style-type: none"> • Doctor • RN • LPN • Psychologist • Master's level MH Professional Clinician • Bachelor's level Clinical Associate or SUD counselor <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer</p>

Service Location	<p>Services are provided in freestanding, appropriately licensed facilities located in a community setting or a specialty unit in a general or psychiatric hospital or other licensed health care facility:</p> <ul style="list-style-type: none"> • AK licensed general acute care hospitals • Specialized psychiatric hospitals • Alaska Native tribal facilities <p>Critical Access Hospitals</p>
Service Frequency/Limits	1 billable service per day, no annual limit
Service Authorization	No
Service Documentation	Delivery of ASAM 4.0 WM: Medically Managed Intensive Inpatient Withdrawal Management services must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	ASAM 4.0 WM: Medically Managed Intensive Inpatient Withdrawal Management support services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.
Service Code and Code Set Description	H0011 V1
Unit Value	Daily
Payment Rate	\$1,500
Additional Information	

IV. Community Recovery Support Services (CRSS)

Service Name/ Abbreviation 7 AAC 138.400	Community Recovery Support Services (CRSS)
Effective Date and Revision History	Eff. 7/1/2019
Service Definition/ Description	<p>Provided as counseling and wrap-around support to prevent relapse and to promote recipient recovery. Includes:</p> <ul style="list-style-type: none"> • Assisting the recipient to build social, cognitive, or daily living skills; • Educating and training the recipient’s family on relapse prevention and substance use recovery; • Assisting the recipient to obtain child care and child development support services; • Assisting the recipient to obtain housing, housing assistance, and housing services; • Facilitating level of care transitions; • Prepare recipient for employment by conducting: <ul style="list-style-type: none"> • Work readiness assessment; • Basic employment skills training; • Job matching; • On-going job coaching and support

	<p>Might include child development support services: Direct services that involve actions or skills relating to the care and health of a child or multiple children at a time. Services include linking the child and/or parents with supports, services, and resources that support healthy child development; identifying key developmental milestones (ages and stages) in order to improve child health/growth/development; and educating parents about how to support healthy cognitive, emotional, and social child development.</p> <p>May include intensive case management services, which are provided to:</p> <ul style="list-style-type: none"> • Broker provision of community-based social, educational, vocational, legal and financial resources in collaboration with the recipient; • Monitor on a biweekly basis the provision of behavioral health treatment services; • Monitor on a biweekly basis the safety and stability of the recipient and the need to refer the recipient for crisis intervention services; • Assist the recipient to access medical or other specialized treatment services; • Assist the recipient to engage with social relationships and natural community-based supports that enhance the recipient’s quality of life; and • Assist the recipient to improve their ability to perform daily living activities. <p>Component Services include:</p> <ul style="list-style-type: none"> • Recovery coaching - Direct services that provide guidance, support and encouragement from the expertise of the trained recovery professional. Recovery coaching is a form of strength-based supports for persons in or seeking recovery from mental disorders and SUD (if co-occurring). • Employment services - Work readiness assessment, job matching, prevocational & transitional employment training, and job support. • Social/cognitive/daily living skill building - Direct services that assist the individual in being able to better perform his/her own social, cognitive, or activities of daily living or assist the individual in finding resources to meet those needs. Services include coaching to identify the individual’s needs (i.e., social, cognitive, daily living) and to either work with the individual to develop the social, cognitive, or ADL skills to meet those needs or refer the individual to another agency or service • Facilitation of level of care transitions • Peer-to-peer services, mentoring, & coaching • Housing assistance & services - This will include, one-time
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	<p>payment for security deposits that are required to obtain a lease on an apartment or home; one time payment for the following services: one-time payment for Set-up fees or deposits for utility or service access, including telephone, electricity, heating and water This benefit will only apply to a pilot target population.</p> <ul style="list-style-type: none"> • Beneficiary & Family Education/Training/Support- Psychoeducational services that teach self- help concepts, skills, and strategies which are designed to promote wellness, stability, and recovery for service recipients and their families. Psychoeducational services are an important mechanism to assist service recipients and family members in understanding the many aspects of mental disorders and SUD (if co-occurring), including factual data about the mental disorder itself; signs & symptoms; information about how mental disorders affect physical health; medications being used to treat the mental disorder; the consequences that mental disorders can have on the service recipient’s mental health, family relationships, and other areas of functioning; and the recovery process. • Relapse prevention
<p>Contraindicated Service</p>	<ul style="list-style-type: none"> • SUD Partial Hospitalization • Medically Managed Intensive Inpatient Service • Clinically Managed Residential Withdrawal Management • Medically Monitored Inpatient Withdrawal Management • Medically Managed Intensive Inpatient Withdrawal Management • Medically Monitored Intensive Inpatient Services • Medically Managed Intensive Inpatient Services • Clinically Managed Low Intensity Residential-3.1 (Adult/Adolescent) • Clinically Managed High Intensity Residential-3.5 (Adult/Adolescent)
<p>Service Requirements/ Expectations</p>	<p>Providers of CRSS for individuals with substance use disorders must meet the following requirements:</p> <p>SUD Programs must give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> 56. Pregnant injecting drug users 57. Other pregnant substance users 58. Other injecting drug users 59. Office of Children Services engaged families 60. All others <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p>

SUD Programs must establish and maintain a waiting list of persons seeking treatment who cannot be admitted and must use a unique identifier for Injection Drug Users (IDUs). IDU requesting treatment must be admitted no later than 14 days after the request. If there is no slot available, then IDUs must be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.

SUD Programs must ensure that clients are provided with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the wait list, and can be provided by the program or another agency. Interim services should include:

- Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction.
- Referral for HIV and TB testing and treatment.
- Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women.

SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients must receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.

SUD Programs must have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.

SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether or not they would like to use medications to treat their substance use disorder.

SUD Programs must make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and must bill Medicaid for qualifying services.

SUD Programs must offer services that help families or the client's support system understand addiction and to support the newly recovering family members or supports. Examples include evening

	family process groups, education groups, presentations by Al-Anon speakers, etc.
Target Population	Youth and adults ages 12 and older with a substance use disorder diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.
Staff Qualifications	<p>Provider Qualifications: Licensed psychologists, mental health professional clinicians, substance use disorder counselors, and behavioral health clinical associates, and peer support providers (w/ lived experience, working under supervision of a Mental Health professional clinician, w/complete training/certification, w/continuing education).</p> <p>Peer recovery coaches who have lived experience of a substance or co-occurring mental health disorder, work under the supervision of a mental health professional clinician or a substance use disorder counselor, and have completed an approved training program that may be implemented by the Department.</p> <p>Peers are defined as: Individuals who provide services in behavioral health settings—both mental health and substance use disorders treatment—based on their own experience of recovery from mental illness or addiction and skills obtained from formal peer provider training. Within the demonstration, family members of people with SED, SMI, SUD or Co-Occurring disorders are applicable to provide services to other family members with similar experiences.</p>
Service Location	<p>Services may be provided in outpatient settings.</p> <p>The following Place of Service codes are allowed for ICM services: 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 26-Military Treatment Center 49-Independent Clinic 50-Federally Qualified Health Center 52-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</p>
Service Frequency/Limits	15 minutes/880 units or 220 hours per benefit per year, service authorization required to extend limit.
Service Authorization	No

Service Documentation	Delivery of Community Recovery Support Services must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	Community-based support services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.
Service Code and Code Set Description	H2021 V1 H2021 V1 GT-Telehealth
Unit Value	15 minutes
Payment Rate	\$21.46
Additional Information	

V. SUD Care Coordination

Service Name/ Abbreviation 7 AAC 138.400	SUD Care Coordination Services (also known as MAT Care Coordination in the 1115 SUD Implementation Plan)
Effective Date and Revision History	Eff. 7/1/2019
Service Definition/ Description	<p>Substance use disorder care coordination services, which must be provided at a minimum of once per week to a recipient who is receiving medication assisted treatment, and are provided to:</p> <ul style="list-style-type: none"> • Comprehensive assessment and periodic reassessment of individual needs to determine the need for any medical, behavioral health, educational, social, or other services; • Coordinate the integrated delivery of behavioral health and medical services; • Assist the recipient with level of care transitions; and • Assist the recipient to develop skills necessary for the self-management of treatment needs and the maintenance of long-term social supports. • Monitoring and follow up activities
Contraindicated Service	N/A
Service Requirements/ Expectations	<p>This service is required for individuals receiving any pharmacotherapy for the treatment of their substance use disorder. The expectation is that this service is provided at minimum 1 time per week</p> <p>SUD Programs must give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> 61. Pregnant injecting drug users 62. Other pregnant substance users 63. Other injecting drug users 64. Office of Children Services engaged families 65. All others <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p>

	<p>SUD Programs must establish and maintain a waiting list of persons seeking treatment who cannot be admitted and must use a unique identifier for Injection Drug Users (IDUs). IDU requesting treatment must be admitted no later than 14 days after the request. If there is no slot available, then IDUs must be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>SUD Programs must ensure that clients are provided with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the wait list, and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none">• Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction.• Referral for HIV and TB testing and treatment.• Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women. <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients must receive these services. In addition, providers must have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs must have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether or not they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs must make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and must bill Medicaid for qualifying services.</p> <p>SUD Programs must offer services that help families or the client's support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p>
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Target Population	Youth and adults ages 12 and older with a substance use disorder diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan. Individuals receiving Medication Assisted Treatment are required to receive this service for the first 12 months.
Staff Qualifications	<ul style="list-style-type: none"> • RN • Psychologist • Master's level MH Professional Clinician • Bachelor's level Clinical Associate or SUD counselor All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer
Service Location	<p>Services may be provided in outpatient or residential settings.</p> <p>The following Place of Service codes are allowed for ICM services:</p> 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 26-Military Treatment Center 49-Independent Clinic 50-Federally Qualified Health Center 52-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
Service Frequency/Limits	5 units per SFY with no service authorization bypass, combine with telehealth code.
Service Authorization	No
Service Documentation	Delivery of SUD Care Coordination services must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	
Service Code and Code Set Description	H0047 V1 H0047 V1 GT -Telehealth
Unit Value	Monthly
Payment Rate	\$300
Additional Information	

VI. Intensive Case Management Services

Service Name/ Abbreviation 7 AAC 138.400	Intensive Case Management Services (ICM)
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Effective Date and Revision History	Eff. 7/1/2019
Service Definition/Description	Services that 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. For children/youth at risk of out-of-home placement, intensive case management is envisioned as a community-based wraparound service.
Contraindicated Service	N/A
Service Requirements/Expectations	<p>Providers of ICM for individuals with substance use disorders must meet the following requirements:</p> <p>SUD Programs must give priority preference to treatment as follows:</p> <ol style="list-style-type: none"> 66. Pregnant injecting drug users 67. Other pregnant substance users 68. Other injecting drug users 69. Office of Children Services engaged families 70. All others <p>SUD Programs must provide integrated either co-occurring capable or co-occurring enhanced services.</p> <p>SUD Programs must establish and maintain a waiting list of persons seeking treatment who cannot be admitted and must use a unique identifier for Injection Drug Users (IDUs). IDU requesting treatment must be admitted no later than 14 days after the request. If there is no slot available, then IDUs must be provided with interim services within 48 hours and admitted no later than 120 days after the initial request.</p> <p>SUD Programs must ensure that clients are provided with harm and risk reduction counseling. To this end, interim services should be provided to individuals on the wait list, and can be provided by the program or another agency. Interim services should include:</p> <ul style="list-style-type: none"> • Counseling/education about HIV and TB (Tuberculosis) that includes risks of needle sharing, transmission to sexual partners and infants, methods of risk avoidance and reduction. • Referral for HIV and TB testing and treatment. • Counseling on FASD and Fetal Drug Effects (FDE) for all applicants who are pregnant women. <p>SUD Programs must have staff members trained to provide HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders education, early intervention, and risk reduction counseling. All clients must receive these services. In addition, providers must</p>

	<p>have policies and procedures related to infection control, occupation health and safety, client rights or treatment protocols related to HIV/AIDS, Hepatitis B and C, Tuberculosis (TB), and fetal alcohol spectrum disorders.</p> <p>SUD Programs must have procedures for responding to clients who relapse while in treatment. These may include referral to a different level of care or different strategies and frequency of treatment interventions. The focus of these procedures should be on assisting the client to progress toward the completion of treatment goals.</p> <p>SUD Programs are required to facilitate access to or provide pharmacotherapy for the treatment of substance use disorders. Clients should have a choice as to whether or not they would like to use medications to treat their substance use disorder.</p> <p>SUD Programs must make every effort to determine Medicaid eligibility for all clients, by assisting them in completing their enrollment, and must bill Medicaid for qualifying services.</p> <p>SUD Programs must offer services that help families or the client’s support system understand addiction and to support the newly recovering family members or supports. Examples include evening family process groups, education groups, presentations by Al-Anon speakers, etc.</p>
Target Population	Youth and adults ages 12 and older with a substance use disorder diagnosis when determined to be medically necessary and in accordance with an individualized treatment plan.
Staff Qualifications	<ul style="list-style-type: none"> • ANP • RN • LPN, Master's level Professional Counselor • Bachelor's level BH Clinical Associate <p>All identified provider types listed above must be enrolled in Medicaid with a specialty as a Qualified Addiction Professional or Certified Peer</p>
Service Location	<p>Services may be provided in outpatient or residential settings.</p> <p>The following Place of Service codes are allowed for ICM services:</p> <p>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 26-Military Treatment Center</p>

	49-Independent Clinic 50-Federally Qualified Health Center 52-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
Service Frequency/Limits	960 units or 240 hrs. per beneficiary per year
Service Authorization	No
Service Documentation	Intensive Case Management services must be documented in a progress note in accordance with 7 AAC 135.130.
Relationship to Other Services	Intensive Case Management Services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.
Service Code and Code Set Description	H0023 V1
Unit Value	15 minutes
Payment Rate	\$28.07
Additional Information	